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# MONTANA

# 1967

# LICENSING LAW AND REGULATIONS

# FOR

# LONG-TERM CARE FACILITIES

Revised: November, 1969
March, 1970

MONTANA STATE DEPARTMENT OF HEALTH

HELENA, MONTANA

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# MONTANA LICENSING LAW AND REGULATIONS FOR LONG-TERM CARE FACILITIES

OCTOBER 1, 1967

REVISED: NOVEMBER, 1969
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MONTANA LICENSING LAW AND REGULATIONS FOR LONG-TERM CARE FACILITIES

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# INTRODUCTION

These rules and regulations for long-term care facilities were developed and adopted by the Montana State Board of Health on July 8, 1967, revised on November 22, 1969, and on March 14, 1970, in accordance with the provisions of Chapter 52, Title 69, Revised Codes of Montana, 1947, which state in part: "..., the board shall adopt and publish rules and minimum standards for all long-term care facilities distinguishing between those for nursing care, personal care, sheltered care, and facilities providing combinations thereof."

Every effort has been made in those sections discussing construction standards to eliminate and prevent conflict between these regulations, those of Public Law 89-97 (Medicare) and Public Law 88-443 (Hill-Burton; Hill-Harris).

Since these are minimum requirements, it is desirable only that they form a basis for development of higher standards. To accomplish this end, it is the intention of the State Department of Health to collect and disseminate the latest information on current good practice in the planning, design and operation of long-term care facilities in order to assist these homes. This type of material, as well as consultative service, is available from the State Department of Health.

It is called to the attention of all operators and administrators of long-term care facilities that these regulations are divided into seven parts:

| | |
|---|---|
| Regulation No. 33. | Legal Authority, Effective Date of Regulations and Definitions; Licensure |
| Regulation No. 34. | Fire Regulations |
| Regulation No. 35. | Extended Care Facility |
| Regulation No. 36. | Nursing Home |
| Regulation No. 37. | Personal Care Home |
| Regulation No. 38. | Boarding Home |
| Regulation No. 39. | Appendix: Joint Rules, Regulations and Standards for Handling Drugs in Hospitals, Homes for the Aged, Nursing Homes and Related Institutions |

The contents of regulation Nos. 33, 34 and 39 are requirements that are applicable to all four categories of long-term care facilities.

# REGULATION 33.

## LEGAL AUTHORITY; EFFECTIVE DATE OF REGULATIONS AND DEFINITIONS; LICENSURE

DIVISION I. LEGAL AUTHORITY

Chapter 52, Title 69, Revised Codes of Montana, 1947, requires that all operators of long-term care facilities whether operated for profit or not are to be licensed by the State Department of Health.

CHAPTER 52 -- HOSPITALS, HOSPITAL RELATED FACILITIES, AND LONG-TERM CARE FACILITIES

69-5201. DEFINITIONS. As used in this chapter, unless the context clearly indicates otherwise:

(1) "Hospital" means a place which for twenty-four (24) hours or more in each week:

(a) provides diagnosis, treatment, or care for two (2) or more nonrelated individuals who are suffering from illness, disease, injury, or deformity; or

(b) provides obstetrical, surgical, or other medical or nursing care for two (2) or more non-related individuals.

(c) The term includes public health centers and medical facilities.

(2) "Hospital related facility" means a facility which provides:

(a) diagnosis, treatment, or care of individuals suffering from mental illness or mental retardation; or

(b) care or treatment for more than one (1) woman within six (6) months who is pregnant or who has delivered not more than ten (10) days before. The woman may not be related by blood or marriage to the person who owns or manages the facility.

(3) "Long-term care facility" means a place operated for profit or not, which provides to a total of four (4) or more persons, any of the following: nursing, personal care, and maintenance; provided that this decision applies only to such persons as are unable to properly care for themselves. "Long-term care facility" also means a place operated for profit or not, which provides sheltered care to four (4) or more aged persons not related to the operator by blood or marriage. It includes:

(a) "Extended care facilities" which are facilities primarily furnishing regular, organized, medical services for skilled convalescent and/or rehabilitative care, following transfer from a hospital after a period of acute illness;

(b) "Nursing homes" which are facilities furnishing skilled nursing care and related services;

(c) "Personal care homes" which are facilities providing personal care and services to residents not in need of skilled nursing care;

(d) "Boarding homes" which are facilities providing only maintenance and sheltered care;

(e) facilities providing combinations of services provided by extended care facilities, nursing homes, personal care homes, and boarding homes.

(4) "Long-term care facility" does not include:

(a) a hospital, sanitarium, or other institution whose principal activity is the care and treatment of persons suffering from mental or nervous illness;

(b) hotels, motels, boarding houses, rooming houses, or similar accommodations.

(5) "Person" means any person, firm, partnership, association or corporation, or governmental unit;

(6) "Govermental unit" means the state, a state agency, any county, municipality, political subdivision of the state or an agency of any political subdivision;

(7) "Resident" means a person who is in a long-term care facility as a patient or for personal or sheltered care;

(8) "Facility" means a hospital, hospital related facility or long-term care facility.

(9) "Registered facility" means a place which would otherwise fall within the above definition of "long-term care facility," but which provides nursing, personal care, or maintenance care to more than one (1) and less than four (4) persons.

69-5202. FACILITIES OPERATED BY FEDERAL AGENCIES EXEMPT. This chapter does not apply to facilities operated by an agency of the federal government.

69-5203. LICENSE REQUIRED -- DURATION -- TRANSFER PROHIBITED -- DISPLAY.

(1) No person may operated a facility unless licensed by the state department of health. Licenses shall be for one (1) year unless issued for a shorter period. A license is valid only for the person and premises for which it was issued. A license may not be sold, assigned or transferred.

(2) Upon discontinuance of the operation or of transfer of ownership of a facility, the license must be returned to the department.

(3) Licenses shall be displayed in a conspicuous place near where patients or residents are admitted.

69-5204. LICENSE FEES. The department shall collect a fee of twenty dollars ($20) for each license issued and deposit receipts in the state general fund.

69-5205. APPLICATION FOR LICENSE -- PROCEDURE. The procedure to apply for a license is:

(1) at least thirty (30) days prior to the opening of a facility and annually thereafter, application is made to the department accompanied by the license fee of twenty dollars ($20);

(2) the application shall contain:

(a) the name and address of the applicant if an individual; or the name and address of each member if a firm, partnership or association; or the name and address of each officer if a corporation;

(b) the location of the facility;

(c) the name of the person or persons who will manage or supervise the facility;

(d) the number and type of patients or residents for which care is provided;

(e) any information which the state board of health may require pertaining to the number, experience, and training of employees;

(f) information on ownership, contract or lease agreement, if operated by a person other than the owner.

69-5206. ISSUANCE AND RENEWAL OF LICENSES -- INSPECTION OF FACILITY AND RECORDS -- PROVISIONAL LICENSE.

(1) On receipt of a new or renewal application, the department, or its authorized agent, shall inspect the facility. If minimum standards are met and the proposed staff is qualified, the department shall issue a license for one (1) year. If minimum standards are not met, the department may issue a provisional license for less than one (1) year if operation will not result in undue hazard to patients or residents or if the demand for accommodations offered is not met in the community.

(2) Licensed premises shall be open to inspection and access to all records shall be granted at all reasonable times.

69-5207. DENIAL OF APPLICATION FOR LONG-TERM CARE FACILITY. The department may deny an application for long-term care facility license if:

(1) it fails to meet minimum standards prescribed under section 171 (69-5213) of this act;

(2) the staff is insufficient in number or unqualified by lack of training or experience;

(3) the applicant or any person managing it has been convicted of a felony or otherwise shows evidence of character traits inimical to the health and safety of residents;

(4) it does not have the financial ability to operate in accordance with law, or rules, or standards adopted by the state board.

69-5208. REVOCATION OR REFUSAL TO RENEW LONG-TERM CARE FACILITY. The department may revoke or refuse to renew a long-term care facility license if:

(1) there is cruelty or indifference affecting the welfare of the residents;

(2) there is misappropriation of the property or funds of a resident;

(3) there is conversion of the property of a resident without his consent,

(4) any provision of this chapter, or rules or standards adopted by the state board are violated;

(5) any reason enumerated in section 165 (69-5207) of this act exists.

69-5209. DENIAL, SUSPENSION OR REVOCATION OF HOSPITAL OR HOSPITAL RELATED FACILITY LICENSES -- GROUNDS. The department may deny, suspend, or revoke a hospital or hospital related facility license if it finds there has been substantial failure to comply with the provisions of this chapter.

69-5210. DENIAL, SUSPENSION OR REVOCATION OF LICENSE -- PROCEDURE.

(1) If a license is denied, suspended, or revoked, the procedure is:

(a) notice is given by registered mail or personal service to the applicant or licensee stating the reason for the proposed action and specifying a date, not less than fifteen (15) days after mailing or service, for a hearing before the state board;

(b) witnesses may be subpoenaed by either party;

(c) in accordance with rules adopted by the state board, a hearing is held before the state board;

(d) a full and complete record shall be kept of all proceedings, but need not be transcribed unless the decision is appealed to the district court;

(e) on the basis of the hearing, or default of the applicant, the state board shall make findings of fact and conclusions of law;

(f) the applicant or licensee shall be notified by registered mail or personal service of the state board's decision;

(g) the decision of the state board is final thirty (30) days after it is mailed or served unless the applicant or licensee commences an action in the district court to appeal the decision.

(2) A copy of the transcript of any hearing may be obtained by any person on payment of the costs of preparing the copy.

69-5211. REVIEW OF DECISION OF THE STATE BOARD OF HEALTH. If any applicant or licensee is aggrieved by the decision of the state board after the hearing provided in section 168 (69-5210) of this act, the procedure is:

(1) before the thirty-first (31st) day after mailing or service of the state board's decision, the applicant or licensee shall file a complaint in the district court where the facility is located or will be located;

(2) summons shall be issued, and proceedings shall be conducted as in the case of other civil actions;

(3) the state board shall file a certified copy of the record and decision from the hearing with the court upon filing its answer to the complaint;

(4) findings of fact by the state board shall be conclusive unless substantially contrary to the evidence, or unless in conflict with law;

(5) the court may remand the case to the state board for further evidence if good cause is shown;

(6) on rehearing the state board may affirm, reverse or modify its decision;

(7) the court may affirm, reverse, or modify the rehearing decision of the state board;

(8) either party may appeal the final decision of the district court;

(9) pending final disposition of a matter appealed, the status quo of the applicant or licensee shall be preserved unless the court orders otherwise.

69-5212. ALTERATION OR ADDITION TO FACILITY -- APPROVAL OF PLANS AND SPECIFICATIONS BY THE STATE BOARD OF HEALTH. The state board may adopt rules to require an applicant or licensee who contemplates alteration or addition to a facility to submit plans and specifications to the department for preliminary inspection and approval prior to commencing construction. Approval may be given only if the plans and specifications conform to the state or the municipal building code which applies to the facility.

69-5213. RULES AND STANDARDS FOR LONG-TERM CARE FACILITIES -- ADOPTION AND PUBLICATION BY THE STATE BOARD OF HEALTH.

(1) Subject to the provisions of subsection (4) of this section, the board shall adopt and publish rules and minimum standards for all long-term care facilities distinguishing between those for nursing care, personal care, sheltered care, and facilities providing combinations thereof.

(2) Standards shall relate to:

(a) location and construction of the facility including plumbing, heating, lighting, ventilation, and other conditions affecting the health, safety, or comfort of residents;

(b) number and qualifications of personnel;

(c) sanitary conditions including water supply, sewage disposal, food handling, laundries, and general hygiene;

(d) diet based on good nutritional practice, needs of residents, and recommendations of attending physicians;

(e) fixtures and equipment essential to the health and safety of residents,

(f) age and physical requirements for admission;

(g) records of residents' medical history, funds, property, and contract with the operator or manager,

(h) medical supervision and resident care including use of physical restraints,

(i) reporting of contagious diseases, epidemics, or food poisoning;

(j) administration including the storage and handling of medications, narcotics, barbiturates, and compressed gases,

(k) visiting hours and areas.

(3) All long-term care facilities of nonfire-resistant construction, of two (2) stories or more in height having ten (10) or more residents, must have an automatic sprinkler system approved by the state fire marshal. The fire marshal shall furnish the state board with certificates of compliance with fire protection rules and standards.

(4) Rules relating to building and equipment standards covered by the state or a municipal building code are effective after approval by the state building code council and filing with the secretary of state.

69-5214. HOSPITAL AND LONG-TERM CARE FACILITY ADVISORY COUNCIL -- MEMBERS APPOINTED BY GOVERNOR -- FUNCTIONS.

(1) The governor shall appoint a hospital and long-term care facility advisory council to consult with the state board in administering this chapter and statutes relating to hospitals, medical and related facilities survey and construction contained in sections 180 through 192 (69-5301 through 69-5313) of this act.

(2) The council consists of:

(a) the executive officer of the department of health who is ex officio chairman;

(b) the state administrator of public welfare, ex officio;

(c) the director of the department of institutions, ex officio,

(d) representatives of nongovernmental organizations or groups, and public agencies, concerned with the operation and construction of hospitals and hospital related facilities;

(e) two (2) persons of recognized experience in the operation of long-term care facilities;

(f) representatives of consumers familiar with the need for services provided by hospitals, hospital related facilities, and long-term care facilities;

(g) additional members required for benefits under any federal law.

69-5215. HOSPITAL AND LONG-TERM CARE FACILITY ADVISORY COUNCIL -- TERMS OF OFFICE OF MEMBERS -- MEETINGS -- COMPENSATION.

(1) Members of the first council shall serve for one (1), two (2), or three (3) years as designated by the governor. The governor shall avoid expiration of the terms of more than one-third (1/3) of the initial appointive members' terms in any twelve (12) month period. After the initial appointments, appointed members serve for three (3) year terms. Appointments for unexpired terms shall be for the remainder of the term.

(2) The council meets at the call of the chairman, or at the request of four (4) of the appointed members.

(3) Members, except ex officio members, are reimbursed at the rate of ten dollars ($10) per day for actual expenses and eight cents (8¢) per mile for travel.

69-5216. RULES AND STANDARDS FOR FACILITIES LICENSED UNDER THIS CHAPTER. With the advice of the hospital and long-term care facility advisory council, the state board shall adopt rules and standards for facilities licensed under this chapter. Rules and standards for buildings and equipment must conform to the state or municipal building code which applies to the facility. The department shall extend a reasonable time for compliance with rules after adoption by the state board.

69-5217. DISCRIMINATION AMONG PATIENTS OF PHYSICIANS PROHIBITED -- LICENSE REQUIRED OF SPIRTUAL HEALING INSTITUTIONS.

(1) No person who operates a facility may discriminate among the patients of licensed physicians. The free and confidential professional relationship between licensed physician and patient shall continue and remain unaffected. Physicians shall continue to have direction over their patients.

(2) This chapter, and rules and standards adopted by the state board, may not authorize the supervision, regulation, or control of care or treatment of persons in any home or institution conducted for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denomination. However, a license is required and all other minimum standards apply.

69-5218. INFORMATION CONFIDENTIAL. Information received by the department or board through reports, inspection, or provisions of this chapter may not be disclosed in a way which would identify individuals or facilities, except in a proceeding involving the question of licensure or as required by the federal government for certification or preparation of a state plan.

69-5219. RECORDS AND REPORTS REQUIRED OF LICENSEES. Licensees shall keep records, and make reports, as required by the state board. Before February 1 of each year, every person licensed under this chapter shall submit an annual report for the preceding calendar year to the department. The report shall be on forms and contain information specified by the board.

69-5219.1 REGISTRATION OF REGISTERED FACILITIES. A "registered faciltiy" will register itself with the state department of health, annually, on or before the 15th day of March of each year, by filing with said department, on a form provided by said department, such information as said department shall require.

69-5220. INJUNCTION. The state board or department, on advice of the attorney general, may maintain an action for injunction or other process against any person to restrain or prevent the establishment, conduct, management or operation of a facility which is endangering health and welfare.

69-5221. PENALTIES. A person who violates provisions of this chapter is guilty of a misdemeanor. On conviction he shall be fined not more than one hundred dollars ($100) for the first offense, and not more than three hundred dollars ($300) for each subsequent offense. Each day of a continuing violation after conviction is a separate offense.

33.150
DIVISION II. EFFECTIVE DATE OF REGULATIONS AND DEFINITIONS

33.151
Section A. Effective Date of Regulations

Rules and regulations shall become effective October 1, 1967. On or after the effective date, no original license shall be issued to any owner or operator for the operation of a long-term care facility not meeting the regulations contained herein. All long-term care facilities operating and fully licensed by the State Department of Health as of October 1, 1967, will be considered to be in compliance with the construction standards heretofore in effect.

The period from the effective date of these regulations until January 1, 1969, will be allowed for implementation of the minimum nursing personnel staffing specified in these regulations.

Minimum design standards for existing homes shall be met not later than July, 1969. In the construction of a new facility, the standards for new construction will be fully applicable. In the construction of an addition to an existing facility, the standards for new construction will be applicable to the addition only.

33.152
Section B. Definitions

1. "Long-term care facility" means a place operated for profit or not, which provides to a total of four (4) or more persons, any of the following: nursing, personal care, and maintenance; provided that this decision applies only to such persons as are unable to properly care for themselves. "Long-term care facility" also means a place operated for profit or not, which provides sheltered care to four (4) or more aged persons not related to the operator by blood or marriage. It includes:
   a. "Extended care facilities" which are facilities primarily furnishing regular, organized, medical services for skilled convalescent and/or rehabilitative care, following transfer from a hospital after a period of acute illness;
   b. "Nursing homes" which are facilities furnishing skilled nursing care and related services,
   c. "Personal care homes" which are facilities providing personal care and services to residents not in need of skilled nursing care,
   d. "Boarding homes" which are facilities providing only maintenance and sheltered care;
   e. facilities providing combinations of services provided by extended care facilities, nursing homes, personal care homes, and boarding homes.
2. Administrator or operator - an individual designated by the responsible corporate or governing body to be in charge of operations in the long-term care facility. Any facility having licensed extended care facility beds or nursing home beds must be administered by a Montana licensed nursing home administrator.
3. Restraint - the employment of any means or device to limit movement of a patient or resident.

4. Registered Nurse - a nurse currently licensed by the State of Montana to practice nursing. The practice of professional nursing means the performance for compensation of any act in the observation, care and counsel of the ill, injured or infirm, or in the maintenance of health or prevention of illness of others, or in the supervision and teaching of other personnel, or the administration of medications and treatments as prescribed by a person licensed in this state to prescribe such medications and treatments; requiring substantial specialized judgment and skill and based on knowledge and application of the principles of biological, physical and social science. The foregoing shall not be deemed to include acts of diagnosis or prescription of therapeutic or corrective measures.

5. Licensed Practical Nurse - a practical nurse currently licensed by the State of Montana to practice practical nursing. The practice of practical nursing means the performance for compensation in the care of the ill, injured or infirm, of acts selected by and performed under the direction of an R.N., or a person licensed in this state to prescribe such medications and treatments; and not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.

6. Aide, Attendant, or Orderly - a nonprofessional person employed in the home to assist with patient or resident care.

7. Pharmacist - a person licensed by the State of Montana to practice pharmacy.

8. Prescription - the order of a duly licensed physician or dentist for the compounding and/or dispensing of drugs.

9. Board or State Board of Health - the State Board of Health of the State of Montana.

10. State Fire Marshal - the Fire Marshal of the State of Montana.

11. Governing Body - the board, directors, committee or committees, responsible for the development and approval of basic policies governing all aspects of the operation of the long-term care facility.

12. Patient - an individual cared for in a skilled nursing home even though such person does not require skilled nursing care.

13. Resident - an individual cared for in a personal care or boarding home.

14. Licensing Law - refers to Chapter 52, Title 69, Revised Codes of Montana, 1947.

15. Duly Licensed - the person to whom the term is applied has been duly and regularly licensed by the proper authorities to follow his or her profession or vocation in the State of Montana. When applied to a long-term care facility, it shall mean the facility has been licensed by the Montana State Board of Health.

16. Facility - a long-term care facility for the aged as the context may indicate.

17. Nursing Care - care which meets the physical and emotional needs of a patient as regulated by the Nurse Practice Act of the State of Montana.

18. Shall, Must, Will - compliance is mandatory.

19. Should, May - suggestion or recommendation.

20. Department or State Department of Health - State Department of Health of the State of Montana.

33.200
DIVISION III. LICENSURE

33.201
Section A. Application of Regulations

1. These regulations apply to long-term care facilities defined in the act. Every long-term care facility must meet the conditions contained in Division 33.150 (Division II) and Division 33.200 (Division III).

2. Every home that admits or maintains patients requiring nursing care shall meet the requirements contained in Regulation 36.

3. Every home that admits or maintains residents requiring personal care services shall meet the requirements contained in Regulation 37.

4. Every home that admits or maintains residents needing boarding home services shall meet the requirements contained in Regulation 38.

33.202
Section B. General Requirements

1. Before any person(s), partnership or corporation shall directly or indirectly operate a long-term care facility, he shall make application to receive a valid license for the operation of the long-term care facility. No patient or resident shall be admitted or cared for in a long-term care facility until a license is issued.

2. Applicant for license shall conform to all applicable rules of the State Board of Health.

3. An inspection will be made by an authorized representative of the Department of Health upon receipt of a license application to determine that minimum standards are met and that the applicant and proposed staff are qualified. A license shall be issued for a period of one (1) year if these conditions are met. Inspection may be conducted at other times as necessary for reported violations of minimum standards, rules and regulations.

4. All records required under these regulations shall be open to inspection by an authorized representative of the State Department of Health.

33.203
Section C. Application for a License

1. Application to the State Department of Health for a license to operate a long-term care facility shall be signed by the owner or operator. Application shall be made on forms furnished by the State Department of Health and submitted to

the Department fifteen (15) days prior to the proposed opening and annually thereafter.

2. Each application for license shall be accompanied by the license fee of twenty dollars ($20) which shall be retained and deposited in the State Treasury if the license is granted. The fee will be returned to the applicant if license is denied.

3. The application shall contain:

   a. The name and address of the applicant if an individual; or the name and address of each member if a firm, partnership or association; or the name and address of each officer if a corporation;

   b. The name of the person or persons who will manage or supervise the facility;

   c. The number and type of patients or residents for which care is provided;

   d. Any information which the State Board of Health may require pertaining to the number, experience and training of employees;

   e. Information on ownership, contract or lease agreement, if operated by a lease agreement by a person other than the owner;

   f. Proof of financial ability to comply with these rules and regulations and to properly maintain and operate the facility.

33.204
Section D. Issuance of a License

1. Every long-term care facility shall be designated by a distinctive name in applying for a license and the name shall not be changed without first notifying the State Department of Health in writing.

2. No long-term care facility licensed under the provisions contained herein shall by name or otherwise create the impression that it is a hospital unless licensed as such by the Department of Health.

3. A separate license shall be required for each long-term care facility when more than one (1) such facility is operated by the same management. However, separate licenses are not required for annexes on the same ground used by the long-term care facility. Separate buildings or cottages on the same ground used by the facility will not be licensed in this classification unless adequate personnel are available at all times.

4. Each license shall specify the maximum allowable number of beds in the long-term care facility.

5. The license shall be posted in a conspicuous place on the licensed premises.

6. In the event of change of ownership and/or control of the home, the license is not transferrable. The license shall be returned to the Department of Health for cancellation. In cases where there is a change in ownership or control of the existing home, the new owner or operator will be allowed to operate under the same conditions as those which have applied or which would apply to the prior operator for a period not to exceed ninety (90) days. Homes ceasing operation and closed shall meet the requirements of the current standards when reopened under any management.

7. Long-term care facilities may be licensed under a combination of classifications when requested, providing that the applicant designates in the application the number of beds involved for each classification and that all standards applicable to each classification are met.

8. If a home is closed, the license shall be returned to the State Department of Health for cancellation.

33.205
Section E. Renewal of License

1. Each license to operate a long-term care facility shall expire annually following the date of issue except for provisional licenses provided in Section F of this part. Renewal of license shall be made upon application forms prescribed and furnished by the State Department of Health.

2. License is renewed on the basis of conformity and is contingent upon correction of deficiencies noted at the time of the previous inspection.

3. Proof of financial ability to comply with these rules and regulations and to properly maintain and operate the facility shall be provided.

33.206
Section F. Provisional License

1. Under special circumstances the Board may issue a provisional license for a facility in order to meet an unusual condition in a community or area.

2. This license shall be issued for a specified period of time but shall be less than one (1) year.

33.207
Section G. Denial of License

1. A license may be refused on any of the following grounds:

   a. Failure to meet the minimum standards prescribed in accordance with Chapter 52, Section 69-5213, Revised Codes of Montana, 1947.

   b. Nursing or other staff personnel insufficient in number and not licensed as required by law or unqualified by lack of training or experience to properly care for proposed number and type of patients or residents.

   c. Evidence of a felony conviction as shown by the certified copy of the judicial record of conviction of the applicant or of any members or officers or persons designated to manage or supervise the facility except as may be waived by the Board.

   d. Satisfactory evidence that the applicant, manager or supervisor of the facility possesses traits of character inimical to the health and safety of the resident.

   e. Financial inability to operate and conduct the facility in accordance with the requirements of this act and the minimum standards, rules and regulations adopted thereunder.

   f. The character and reputation of any employee in the home being such that it jeopardizes the welfare of the patients or residents of the home. Addiction to the use of narcotics, use of intoxicants while on duty, profanity or abusive language to patients or residents on the premises, immoral conduct, misuse or mishandling of patients' or residents' personal funds or personal property shall be sufficient cause for denial or revocation of license.

33.208
Section H. Revocation of License

1. A license may be revoked or renewal denied for any of the following reasons:

   a. Cruelty or indifference to the welfare of the patients or residents.

   b. Misappropriation of the property or funds of the patients or residents.

   c. Conversion of the property of the resident or patient without his consent.

   d. Violation of any provision of Chapter 52, Section 69-5201 through 69-5221, Revised Codes of Montana, 1947, or of the

minimum standards of the rules and regulations promulgated by the State Board of Health.

e. Any ground upon which application for a license may be denied as prescribed in Section G.

2. Each license shall be returned to the Department immediately on its revocation or if the facility voluntarily ceases operation.

# REGULATION 34.

# FIRE REGULATIONS

34.100
DIVISION I. FIRE REGULATIONS

34.101
Section A. Introduction

1. Long-term care facilities shall conform to these rules and regulations recommended by the State Fire Marshal establishing minimum standards for the prevention of fire and panic.

2. Those portions of the National Fire Protection Association Life Safety Code, 1966 Edition, Pamphlet 101, as pertain to long-term care facilities are adopted as a Standard. Approval from the State Fire Marshal and/or the local fire authority as to the fire safety of the home is required prior to issuance of the license.

3. All long-term care facilities shall be designed, constructed, maintained and operated so as to minimize the possibility of a fire emergency. Occupants cannot be assured adequate safety by evacuation of the building alone. Protection from the fire will be provided by the following:

   a. Acceptable fire alarm system as approved by the State Fire Marshal;

   b. Proper design, construction and compartmentation;

   c. Provision for fire detection and extinguishment; standpipes will be installed as required by state and local fire authority;

   d. Fire prevention and the planning, training and practice drills for transfer of occupants to areas of refuge or evacuation of the building.

4. Effective planning in each facility should contain as a minimum the following:

   a. A thorough understanding of the building and an awareness of its advantages and limitations as related to safety from fire;

   b. Development and administration of an adequate fire plan to be used in the event of fire. This should include training of staff and periodic drills with continued evaluation and upgrading;

   c. Routine testing and maintenance of all systems to assure their continued good working order;

   d. Adequate staffing at all times for fire emergencies;

   e. Storage of all supplies, unused equipment and refuse so as not to create a fire hazard or render fire alarms and extinguishing systems inoperable or inaccessible.

f. Establishment of fire and safety policies to be followed by both staff and public;

g. Establishment and maintenance of a close relationship with local fire fighting and control agencies to acquaint them with the building, their contents and the administrative policies and procedures developed to prevent and fight fires.

5. It is possible to conduct life safety drills without disturbing occupants by advance planning, by choosing the location of simulated emergency and by closing doors to occupants' rooms in the vicinity. The exact nature of this emergency organization must be governed by such factors as the number of available employees, the structural features and other elements pertinent to the local situation. To be effective, the organization should have:

   a. A definite working plan

   b. Competent leadership

   c. Rigid discipline

   d. Maintenance of necessary apparatus

   e. A training schedule carried out under competent supervision

6. It is advisable to secure the cooperation of local fire department officials in developing the plan and in training employees.

7. In case of fire: When a fire is discovered, the following procedures should be observed:

   a. Remove occupant from immediate danger

   b. Activate fire alarm system in the building

   c. Call local fire department

   d. Fight fire

8. These steps are listed in the order of priority; however, if there are adequate personnel on duty, they should be done simultaneously. No time should be wasted between the discovery of the fire and notification of the fire department and all personnel concerned. Any person discovering fire or smoke should be authorized to give the alarm according to prescribed practice without securing authority from any other source. Alarm should be given regardless of the apparent size of the fire.

9. Fire and safety training: The following is recommended:

   a. Continuous training of staff and occupants with respect to fire safety will promote quick and effective action in cases of emergency.

   b. Removing the occupant from immediate danger: The term "evacuation" is applied to the movement of occupants in a fire emergency. This does not necessarily mean the emptying of the building; rather, it denotes the removal of occupants from an area of danger to an area of refuge.

      1. In unprotected, highly-vulnerable buildings, this usually means the removal of occupants from the building.

      2. In partially-protected structures, it may mean moving to a temporary area of safety until removal from the building is determined necessary.

      3. In a well-protected building it may mean only temporary removal beyond a smoke barrier on the same floor. This is known as horizontal evacuation. Whenever possible, horizontal evacuation is the preferred procedure.

      4. Vertical or downward movement to a safe area is used if corridor separation is lacking on the floor involved in the fire.

      5. If stairwells and shafts are enclosed, refuge may be found one (1) floor below the fire. If stairwells are enclosed with fire-resistive material, the stairwells become refuge areas.

10. Difficulties encountered in carrying critically ill patients on stretchers or mattresses down stairways or to the outside have compelled widespread dependence on smoke barriers in the corridors. To provide refuge areas, occupant floors are subdivided by fire and smoke-resistant partitions.

11. Evacuation of occupants and personnel from the facility should be a last resort. The occupant should be removed from the fire area to a safe area within the building if possible. While the fire department is fighting the fire, a pre-arranged evacuation corps should be alerted to evacuate the building, if so ordered. Arrangements must be made in advance for the use of another building as a temporary shelter.

12. Activating the fire alarm system: This system, when activated, should alert everyone in the building. Its use should be included in all drill procedures.

13. Calling the fire department: This action will vary in individual communities. Arrangements should be made with the local fire chief to call the fire department when drills are being held. There should be an alternative means of alerting the fire department in the event normal communication channels become inoperable.

14. Fighting the fire: A small blaze is the easiest to control. Therefore, fire fighting with a hand extinguisher should take precedence over all activities except the safety of the occupants and giving the alarm. A fire which does not receive the necessary attention in the first few moments may assume serious proportions. All long-term care facilities are required to have portable fire extinguishers located throughout the building. The proper extinguisher must be used in an effective and efficient manner to extinguish or control a small fire. Personnel should become familiar with the types of extinguishers in the building and their methods of operation. Your local fire department is trained to explain the use of the extinguishers.

    Each staff member should be completely familiar with the general fire plan of the facility and the four basic procedures so that their actions become automatic and instinctive.

15. Fire extinguisher shall be within easy reach.

34.102
Section B. Definitions

The following are definitions of terms used in this Division:

1. Ambulatory - shall mean a person who, without aid, is physically and mentally capable of negotiating a normal path to safety.

2. Semi-ambulatory - shall mean a person who may be able to help himself to some degree, but requires assistance.

3. Bed patient - shall mean a person who requires total assistance in moving from bed to any designated area of evacuation.

4. Occupant - shall mean any individual cared for in a long-term care facility.

5. Approved - shall mean acceptable to the State Fire Marshal and/or the State Board of Health in accordance with the National Fire Protective Association Life Safety Code, 1966, No. 101.

6. Attic - shall mean that space between the ceiling beams of the top habitable story and the roof rafters.

7. Automatic - as applied to fire protection devices shall mean a device or system performing an emergency function without the necessity of human intervention.

8. Automatic sprinkler system - shall mean an arrangement of piping and sprinklers designed to be activated automatically by the heat of fire.

9. Basement - shall be a floor level below the main or street floor; where, due to differences of grade, there are two (2) levels each qualifying as a street floor, a basement is any level below the lower of the two (2) street floors.

10. Combustible - shall mean any material or substance capable of burning.

11. Combustible or hazardous storage area or room - shall mean those areas containing heating generating apparatus and boiler rooms; basements or attics used for storage, workshops, such as carpenter shops, paint shops and upholstery shops; storerooms for furniture, mattresses, miscellaneous items, and other areas that contain combustible materials.

12. Exit - shall mean the path of egress that is a continuous route of travel from any point in the building or structure to the outside at ground level.

13. Fire door - shall mean a fire resistive door assembly including frame and hardware which, under standard test conditions, meets the fire protection requirements for the location in which it is to be used and must give protection against the passage of fire equal to surrounding construction.

14. Fire partition - shall mean a partition which subdivides a floor of a building to provide an area of refuge or to contain the fire.

15. Fire resistance - shall mean the property of a material or assembly to withstand fire or give protection from fire.

16. Fire resistance rating - shall mean the time in hours that material or assemblies will withstand a fire exposure as established in accordance with the test procedures of standard methods of fire testing.

17. Fire wall - shall mean a wall of brick or reinforced concrete having adequate fire resistance and structural stability under fire conditions to accomplish the purposes of completely subdividing a building or completely separating adjoining buildings. A fire wall shall extend continuously through all stories from foundation to or above the roof.

18. Flame spread - shall mean flaming combustion along any surface.

19. Flammable liquid - shall mean any liquid which is governed by the rules and regulations promulgated by the State Fire Marshal under the State of Montana Laws governing the handling, storage and transportation of petroleum and petroleum products.

20. Local fire alarm system - shall mean the local system of electrically or manually supervised devices, the signals of which are transmitted to one (1) or more places in the premises covered.

21. Automatic fire alarm system - shall mean a system which automatically detects a fire condition and actuates a fire alarm signal device.

22. Manual fire alarm system - shall mean a system which is not automatic.

23. Means of egress - shall have the same meaning as exit, as defined herein.

24. Existing homes - shall mean homes in operation and licensed by the State Board of Health prior to the effective date of these Regulations.

25. New homes - shall mean new construction, existing licensed homes to which additions are made and existing buildings converted to long-term care facilities.

26. Smoke barrier - shall mean a partition with a fire resistance rating of not less than one (1) hour equipped with door and jamb of the same rating and hung so as to be reasonably smoke and gas tight when closed.

27. Sprinklered - shall mean to be completely protected by an approved system of automatic sprinklers installed and maintained in accordance with approved standards.

28. Smoke detection - shall mean to be completely protected by an approved system of smoke detection installed and maintained in accordance with approved standards.

29. Story - shall mean that part of the building between a floor and/or roof next above and shall apply to the basement and subbasement. First story is defined as being the story, the ceiling of which is first above the grade level.

30. Fire resistive construction - shall be that limited to type "A" and "B" buildings in accordance with the National Building Code.

    a. Type "A" - independent, protective steel frame supporting roof, floor and wall loads and other structural parts of masonry materials.

    b. Type "B" - either independent, masonry, frame-supporting floor, walls and roof loads or monolithic reinforced concrete, or masonry bearing walls and protected steel or

reinforced concrete columns supporting roof, floor and wall loads. All other structural parts are of masonry materials.

31. Ordinary construction - shall mean that type of construction having exterior walls of noncombustible material such as brick or cement block and other structural members including floors, roofs, beams, girders and joists which are wholly or partly of wood or other combustible materials.

32. Wood frame construction - shall mean that type of construction in which the structural members are wholly or partly of wood or other combustible material and the construction does not qualify as ordinary construction.

34.103
Section C. General Provisions

The purpose of this section is to specify measures which will provide that degree of public safety from fire which can reasonable be expected. The regulations avoid requirements which involve unreasonable hardships and unnecessary inconvenience or interference with the normal use and occupancy of the building. Compliance with the minimum standards for safety necessary in the public interest is mandatory.

Nothing in these regulations shall be construed to prohibit a better type of building construction, more exits or otherwise safer conditions than the minimum requirements specify.

These regulations do not attempt to cover general fire prevention or building construction features such as commonly dealt with in building codes.

These regulations cover both new and existing construction. In separate sections there are specific provisions for existing structures and for new construction. Where there are no specific provisions for existing structures, the requirements for new construction shall prevail.

Existing buildings and structures shall not be occupied or used if shown to be in violation of these standards.

Any changes or alterations made in any building or structure whether new or existing shall be in conformity with the provisions of these regulations.

1. Exits

Every facility shall be provided with appropriate exits to afford all occupants a convenient, safe means of egress. Exits shall be so arranged and maintained as to provide free and unobstructed egress from all parts of the building at all times. No lock or fastening to prevent escape from the inside of any building shall be installed, unless specifically

allowed in these regulations. Every exit shall be clearly visible and the route to reach it shall be conspicuously indicated. Every required exit, way of approach thereto, and way of travel from the exit to the outside at ground level shall be maintained free of all obstructions or impediments to afford instant use in case of fire or other emergency.

2. Exceptions

The following will not be considered exits for the purpose of these regulations:

a. Revolving doors

b. Elevators

c. Portable ladders

3. Exit Details

Exits shall be restricted to the following permissible types:

a. Doors leading directly outside the building

b. Stairs

c. Ramps

d. Horizontal exit

e. Outside stairs

At least two (2) exits of the above types, remote from each other, shall be provided for each floor or fire section of the building. At least one (1) exit in each floor or fire section shall be as indicated in a. or b. above.

Every bedroom, unless it has a door leading directly to the outside of the building, shall have at least one (1) outside window which can be opened from the inside.

An exit shall be so placed that the entrance door of every private room and every point in open wards, day rooms, dormitories, dining room and other spaces shall not be more than one hundred feet (100') along the line of travel from the nearest exit. If the entire building is completely protected by a standard automatic sprinkler system and/or smoke detection system connected to the facility fire alarm, the distance may be one hundred and fifty feet (150'). Every exit shall be so arranged that no corridor has a pocket or dead-end exceeding thirty feet (30') in which occupants might be trapped.

4. Exit Doors

a. All exit facilities shall follow the recommendations of the Building Exits Code of the National Fire Protection Association.

b. Width of doors to sleeping rooms as covered in these regulations shall be in accord with specifications delineated in other divisions.

c. Doors in fire separations, horizontal exits, and smoke stop partitions may be held open only by electrical hold-open devices. The doors shall close upon actuation of the fire alarm system and shall permit manual operation. In addition, the doors shall close by at least one (1) of the following methods:

1. Activation of the sprinkler system

2. Actuation of any detector of a complete fire detection system

3. Local smoke detection devices installed in such a way as to detect smoke or other products of combustion on either side of the door openings

Door to stairway enclosures or in walls surrounding hazardous areas shall not be equipped with hold-open devices.

d. All exit doors shall be so arranged as to readily open to the outside. Locks, if provided, shall not require the use of a key for operation from the inside of the building.

1. A latch or other fastening device on an exit door shall be provided with a knob, handle, panic bar or similar type releasing device, operation of which is easily accomplished even in darkness.

2. A door of exit designed to be kept normally closed shall be provided with a reliable self-closing mechanism and shall not at any time be secured in the open position. An exit door designed to be kept normally closed shall bear a sign reading substantially, "Fire Exit, Please Keep Door Closed."

3. In any building of low or moderate hazard content, where the authority having jurisdiction approves, stairways, doors, smoke-stopped doors and doors on horizontal exits may be kept open if:

a. Upon release the door becomes self-closing or

b. An approved self-release device is provided and

so arranged that upon interruption of electrical current or activation of the fire alarm, the door will close automatically.

5. Vertical Openings

   a. Vertical openings used as ways of exit, consisting of interior and exterior stairs and ramps, shall be a minimum of forty-four inches (44") in width. The tread surface must be of a nonskid variety.

   b. Each multi-story facility must have a minimum of two (2) such ways of egress widely separated so as to provide alternate means of exit for each floor.

6. Protection of Vertical Openings

   a. Interior stairways shall be protected by complete enclosure with walls having fire resistance rating, appropriate to the type of building construction, to protect the stairway as a means of exit and to prevent the spread of fire or smoke up the stairway from floor to floor; except that where a standard stairway enclosure is impractical, partitioning with similar materials to cut off the stairway at floor levels may be accepted.

   b. Vertical openings through floors and ceilings, such as spaces around pipes, conduits and ducts, shall be fire stopped. Where such openings are to be protected by automatic sprinklers, the installation shall conform with the standards of the American Insurance Association for the installation of sprinkler systems. Where such openings are to be protected by a smoke detection system, it must be designed to provide maximum early warning and it must be connected to the facility fire alarm. The installation of an automatic sprinkler system and/or a smoke detection system must be approved by the State Fire Marshal.

7. Horizontal Exits

   a. A horizontal exit is a passage way from one building to an area of refuge in another building on approximately the same level, or a way through or around fire walls and fire partitions on the same level in the same building.

   b. Every horizontal exit shall have at least one (1) stairway, outside door, or other standard exit. All exit corridors shall be no less than eight feet (8') in clear width. Exit stairs and ramps shall be a minimum of forty-four inches (44") clear width except for existing facilities as specified elsewhere in these regulations.

   c. Horizontal exits shall be so arranged that there are continuously available paths of travel leading to the outside.

   d. All doors used in connection with a horizontal exit shall be unlocked at all times.

8. Signs and Lighting

a. Every exit and way of exit access shall be illuminated at all times.

b. Artificial lighting shall be employed in such places and for such periods of time as required to maintain the illumination necessary for safety. A desirable form of exit lighting is by lights recessed in halls about a foot above the floor. Illumination shall be so arranged that the failure of any single light will not leave any area in darkness.

c. Signs bearing the word "Exit" in plainly legible block letters shall be placed at each exit opening. Additional signs shall be placed in corridors and passageways where necessary to indicate the direction of exit. Letters of signs shall be at least six inches (6") high, except letters of internally illuminated exit signs may be four and one-half inches (4½") high. All exit and directional signs shall be maintained in a clearly legible condition by electric illumination or other acceptable means when natural light fails. All stairways and other ways of exit and the corridors or passageways pertinent thereto, shall be properly illuminated at all times to facilitate egress.

9. Fire Extinguishers

a. Approved type fire extinguishers shall be provided for each floor so located to be no more than seventy-five feet (75') from any one point. An additional extinguisher shall be provided in or adjacent to the kitchen and each basement storage room as well as flammable gas or liquid storage room.

b. The type and number of portable fire extinguishers shall be determined by the State Fire Marshal. The confirmation of compliance with the above requirements shall be by the local authority having jurisdiction.

c. Fire extinguisher requirements as taken from the Revised Codes of Montana, Section 1. "That Section 69-1807 Revised Codes of Montana, 1947, be, and the same is hereby amended to read as follows:

69-1807. Fire Extinguisher Requirements. All buildings within the scope of this Act shall keep on each floor one (1) or more fire extinguishers of a capacity of not less than two and one-half (2½) gallons in good working order; provided, that in lieu of said fire extinguishers such buildings may be equipped on each floor with a hose, one and one-half inches (1½") in diameter in good condition with nozzle attached connected to standpipe with

suitable water supply. Such hose shall be of sufficient length to protect all areas of the floor on which it is situated. Provided further that no fire extinguisher or extinguishers containing any of the following liquids: Carbon Tetrachloride ($CCl_4$); Chlorobromomethane ($CH_2BrCl$); Azeotropic chlormethane (CM-7); Bromochlorodifluoromethane ($CBrClF_2$); Dibromodifluoromethane ($CBr_2F_2$); 1, 2-Dibromo-2-chloro-1. 1, 2-trifluoroethane ($CBrF_2CBrClF$); 1, 2-Dibromo-2, 2-difluoroethane ($CH_2BrCBrF_2$); Methylbromide ($CH_3Br$); Ethylene dibromide ($CH_2BrCH_2Br$); 1, 2-Dibromotetrafluoroethane ($CBrF_2CBrF_2$); Hydrogen bromide (HBr); Methylene bromide ($CH_2Br_2$); Bromodifluoromethane ($CHBrF_2$); Bromotrifluoromethane ($CBrF_3$); and Dichlorodifluoromethane ($CCl_2F_2$), or any other toxic or poisonous vaporizing liquid, shall be kept or maintained in or upon any such building; ninety (90) days after written notice by the State Fire Marshal or his Deputy."

10. Automatic Sprinklers and/or Smoke Detection Equipment

All facilities having two (2) or more stories in height of ordinary construction or frame construction with ten (10) or more residents shall be provided with an automatic sprinkler system and/or smoke detection system connected to the facility fire alarm. The only exception is that a sprinkler system and/or smoke detection system will not be required in the existing two (2) story buildings of ordinary construction or frame construction where habitable upper floor is basically a converted attic, provided that such space on the upper floor is vacated, all utilities disconnected and removed in an approved manner and the only access to the upper level is by means of an access panel in the ceiling of the floor below. No storage shall be allowed in the attic area.

Drawings and specifications covering automatic sprinkler systems and/or smoke detection systems shall be submitted for prior review and approval to the rating authority having jurisdiction and the local authority and one (1) set of such drawings of specifications carrying the approval shall be submitted to the State Fire Marshal. Installation shall conform with the approved plans and specifications. The address of the rating authority will be furnished upon request by the State Department of Health.

a. Automatic Sprinklers

A sprinkler system for fire protection purposes may be defined in principle as a network of specially sized piping installed throughout a building at the ceilings to which systematically spaced sprinkler heads are connected. This system is connected to a suitable water supply through a controlling valve and contains a device for sounding an alarm when the system is in operation. This system is activated by heat from a fire and discharges water over the fire.

A sprinkler system must be properly maintained for efficient service. When the fire service system is interrupted to make sprinkler system connections, the authority having jurisdiction must be notified. During the interruption, emergency

hose lines, additional fire pails and extinguishers must be provided in the areas affected. When changes involve shutting off water from any considerable number of sprinklers for more than a few hours, temporary water supply connections should be made so that reasonable protection can be maintained. In adding to or removing old systems, protection should be restored each night. The members of the staff as well as the local fire department should be notified as to the conditions.

Where a single automatic sprinkler is installed for protection of a small hazardous area such as closet used for combustible storage, each single sprinkler may be connected to the domestic water supply system. In areas where automatic sprinkler systems are required and where public water supplies are lacking, or are inadequate, a pressure tank shall be installed.

Reference: A reference guide for the installation and maintenance of automatic sprinkler systems may be obtained from the National Fire Protection Association Pamphlet No. 13 entitled "Installation of Sprinkler Systems, 1966."

b. Smoke Detection Equipment

Any smoke detection equipment installed in a long-term care facility must be approved by the State Fire Marshal.

A properly installed fire detection and alarm system requires careful consideration of the types of fire hazards, the construction and layout of the building, and the areas to be protected. Inasmuch as in the health field we are primarily concerned with patient safety, we are always seeking ways to give the earliest possible warning of the presence of smoke or threatened fire or fire itself. We would point out here that all fires are at one time small fires. Almost invariably it takes much longer for a fire to develop through the first two (2) stages which are the incipient stage and the smoldering stage than through the last two (2) stages which are the flame stage and the heat stage. As a matter of record, the incipient and smoldering stages can exist for hours and even days before the flame and heat stages are reached. Once flame and heat are present, a fire can develop at a fantastic rate. In most fires only ten (10) per cent of the products of combustion are in the form of visible smoke, the other ninety (90) per cent are invisible. More than ninety-five (95) per cent of the fire detection systems in use today are dependent upon the fourth stage of fire--the heat stage--for their operation. By the time this heat stage is reached, a dangerous fire condition already exists. With the introduction of a smoke detection system, a revolutionary degree of early warning and system stability become available. By detecting fire in the earliest possible stage it is possible to:

(1) Allow time for safe evacuation of the building;

(2) Allow ample time for trained firemen to arrive and attack the fire while it is still small; and

(3) Prevent the needless destruction of large quantities of material which must burn before enough heat can be generated to trigger a heat detector or sprinkler system.

The heat detection systems and the sprinkler systems on the market today are activated only by heat or flame conditions prevalent in the final stages of the fire and hence, have questionable value from the standpoint of early human evacuation. Any fire detection system that is activated by invisible combustion gases as well as by smoke, heat or flame usually allows a few extra minutes for evacuation and affords an opportunity for building personnel to bring the fire under control before it reaches the destruction stage. Above all, it would allow for the early evacuation of patients and assure their safety in case of emergency. When this system is integrated with the building alarm system which is connected with the local fire department, it is to be preferred over other systems that depend on flame heat rise or heat rate of rise methods of detection.

The individual responsible for the protection of patients' lives and structure of health care facilities must recognize his total responsibilities. The aim, therefore, should be the best available protection and not of mere compliance with the law. In addition, the basis for the selection of the protective system must be on quality rather than the price. The rule that only cost matters is wrong when seeking protection for the patients of our communities.

11. Smoking

a. Smoking in bed shall not be permitted except at such time as supervision is provided.

b. Each facility must provide "No Smoking" signs for all hazardous areas.

c. All oxygen supplies shall be plainly indicated with smoking restriction signs. Smoking will be prohibited in all areas where flammable gases and/or oxygen are used or stored.

12. Heating

a. All furnace rooms shall be supplied with outside air sufficient for proper combustion. Furnaces and other fire units shall be separated from combustible surfaces by the application of noncombustible materials.

b. Portable heaters shall not be utilized.

c. Unvented gas heaters and space heaters using room air for combustion shall not be permitted.

13. Combustible Contents

a. All combustible decorative and acoustical material including textile floor coverings and curtains located in

corridors, patient rooms, passageways or stairway enclosures and in lobbies or other rooms or space for use by occupants or visitors shall be rendered and maintained fire resistant.

b. Fiber base acoustical ceiling treatment or fiber base wall boards shall not be installed in any facility after the effective date of these regulations.

14. Maintenance and Storage

a. Regular and proper maintenance of electrical service, heating plants, sprinkler systems, smoke detection systems, fire doors and exit facilities shall be required.

b. Storage of combustible materials such as papers, cartons, magazines, paints, sprays, old clothing, furniture and similar materials shall be allowed only in properly constructed, fire-resistive areas, properly vented and furnished with sprinkler heads, smoke detectors or fire extinguishers. This shall apply to both existing and new facilities.

15. Construction and Repair

a. All construction, additions and alterations shall meet the fire safety requirements of these regulations.

b. Any addition shall be separated from any existing nonconforming structure by a noncombustible fire partition having at least a two (2) hour fire resistance rating. Communicating openings in such dividing fire protection shall exist only in corridors and shall be protected by an approved self-closing fire door.

c. Any building converted for long-term care shall comply with all requirements for new facilities.

d. No building or addition under construction shall be occupied until all exit facilities are completed and approved for use.

e. No existing building shall be occupied during repairs or alterations unless all exits are maintained.

f. No flammable or explosive substances or equivalent used in making repairs or alterations shall be stored in buildings of normally low or ordinary hazard classification.

16. Evacuation Planning

An evacuation plan shall be conspicuously posted and practiced periodically. A record of both planned and unplanned drills shall be maintained in the home showing the manner in which employees will perform their duties in an emergency.

a. Life Safety Drill: The term "life safety drill" is used to avoid confusion between drills held for the purpose of rapid evacuation of buildings and drills of fire fighting practice. The purpose of life safety drills is to insure the efficient and safe use of the building compartmentation or refuge areas and exit facilities. Proper training will insure orderly movement to these areas (and evacuation of the building, if necessary) under control and without panic. Order and control are the primary purposes of the drill. Speed in emptying buildings, while desirable, is not in itself an objective and should be made secondary to the maintenance of proper order and discipline.

A life safety drill is most effective when the population of the building is under discipline and subject to control. The success of any life safety operation will depend primarily upon the efficiency of the staff. In long-term care facilities where it is not feasible to involve the occupants in drills, the drills should be limited to regular employees who can be thoroughly schooled in the proper procedure and can be trained to properly direct the occupants of the building in the case of fire.

Employees can and should be rehearsed in the proper procedure for all life safety drills. Fire is always unexpected. If the drill is always held in the same way at the same time, it loses much of its value. In the case of an actual fire usual routines often break down with resultant confusion and panic. This can be avoided by having drills carefully planned to simulate actual fire conditions. They should be held at varying times and different routes of exit should be used.

Life safety drills should be designed to familiarize the occupants with all available means of exit, particularly emergency exits that are not habitually used during the normal occupancy of the building.

If a life safety drill is considered merely as a routine exercise from which some persons may be excused, there is grave danger that in an actual fire the procedure will fail in its intended purpose.

Attention is directed to the importance of having an adequate number of competent attendants on duty at all times. Every nursing home and every personal care home shall have at least one (1) attendant on duty who is awake and dressed at all times. In addition, there should be standby attendants within calling distance available for emergency service. These attendants shall be at least twenty-one (21) years of age and capable of performing the required duties of evacuation. No person other than the management or a person under management control shall be considered as an attendant.

Every facility shall make arrangements for periodic visits to the home by the local fire department in order to familiarize the fire department with the location and layout of the building and its special problems. All facilities shall hold life safety drills at least three (3) times a year on each shift.

Regardless of the various features of these regulations, the success of them as they relate to life safety still depends on effective administration. Effective administration should embrace as a minimum the following items:

1. The development among those responsible of a thorough understanding of the building's advantages and limitations as related to safety from fire.

2. The development and administration of an adequate fire plan to be used in the event of fire. It should include training of staff, periodic drills and continued evaluation and upgrading of the plan.

3. Routine testing and maintenance of all systems to insure continued good working order.

4. Adequate staffing at all times for fire emergencies.

5. Thorough housekeeping with particular attention to items that directly affect safety in the event of fire.

6. Proper storage of all supplies and unused equipment so as not to create fire hazards or render fire alarms or extinguishing systems inoperable or inaccessible.

7. Preventing fire hazards and promoting safety to life by the establishment of regulations for both staff and public in regard to smoking.

8. Establishing and maintaining close relationships with local fire fighting and control agencies so that they may be acquainted with the buildings, their content and the administrative procedures carried out to assist in preventing or fighting fires.

9. Proper patient control during simulated emergencies to prevent panic and consequent injury.

10. Full knowledge by staff of methods of evacuating all patients, whether ambulatory, semi-ambulatory or bedfast.

## REGULATION 35.

## EXTENDED CARE FACILITY

An Extended Care Facility is primarily engaged in furnishing regular medical services for skilled convalescent and/or rehabilitative care following transfer from a hospital after a period of acute illness.

A facility shall be deemed eligible for licensing as an Extended Care Facility if it is in substantial compliance with the Federal Conditions of Participation for Extended Care Facilities set forth in the Health Insurance for the Aged Program as were in effect on June 30, 1969, with the exception that a utilization review plan shall not be required. Certification under the Federal program is not a prerequisite to State licensing as an Extended Care Facility.

Nurse staffing shall be in accordance with the minimum staffing pattern in nursing homes as set forth in this Montana 1967 Licensing Law and Regulations for Long-Term Care Facilities, page 44, with the provision that any licensed practical nurse serving as a Charge Nurse must be a graduate of a State approved school of practical nursing.

Licensing for the category, "Extended Care Facility," will be handled in the same manner as licensing in other long-term categories, i.e., licensing in this new category will be by application and inspection. Those operators wishing to have their present license changed or a new license issued as an Extended Care Facility should request an application for licensure from the State Department of Health in order to initiate this action.

Any facility having licensed extended care facility beds must be administered by a Montana licensed nursing home administrator.

REGULATION 36.

NURSING HOME

A nursing home is a facility in which nursing care and medical services are prescribed by or performed under the general direction of persons licensed to practice medicine or surgery in Montana, for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services. The term "nursing home" shall be restricted to those facilities, the purpose of which is to provide skilled nursing care and related medical services for a period of not less than twenty-four (24) hours per day to individuals admitted because of illness, disease, or physical or mental infirmity.

36.100
DIVISION I. ADMINISTRATION

36.101
Section A. Organization

1. The nursing home shall be organized under a governing authority which assumes full legal responsibility for the overall conduct of the facility and which is responsible for the compliance with applicable laws and regulations of legally authorized agencies. The governing authority may be a proprietorship, partnership, association, corporation or governmental unit.

2. The governing authority shall appoint a full-time administrator who is qualified by training and experience and delegate to him the internal operation of the facility in accordance with established policies.

   a. The administrator shall be at least twenty-one (21) years old, capable of making mature judgments and have no physical or mental disabilities or personality disturbances which interfere with carrying out his responsibilities.

   b. The administrator should have a minimum of a high school education, have completed courses in administration or mental disabilities or personality disturbances which interfere with carrying out his responsibilities.

   c. Any facility having licensed nursing home beds must be administered by a Montana licensed nursing home administrator.

   d. The administrator's responsibilities for procurement and direction of competent personnel shall be defined by written policy.

   e. An individual, competent and authorized to act in the absence of the administrator, is designated by the administrator

   f. The administrator shall make available for inspection by the Board on request the quarterly report of paid employees as compiled for Social Security.

   g. Persons under twenty-one (21) years of age shall not be left in responsible charge of the facility at any time.

36.102
Section B. Personnel Policies and Records

1. There are written personnel policies, practices and procedures that adequately support sound patient care.

   a. Each employee shall furnish acceptable evidence of freedom from active pulmonary tuberculosis at the time of employment and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray. A pre-employment and annual complete physical examination is recommended.

b. Hours of work, vacation time, pay and allowances and duties of the employee shall be established.

c. Persons employed in the nursing home shall have sufficient experience and qualifications to perform the type of work for which they are employed.

d. All persons employed in the nursing home shall be of good physical and mental health, not habitual users of narcotics, drugs or alcohol.

e. No person with a communicable, contagious or infectious disease shall be employed in the nursing home.

f. Any person showing signs of upper respiratory infection or other communicable, contagious or infectious disease shall be excluded from work until symptom free.

g. Any person having responsibility for the care of patients shall be mentally and physically capable and at least eighteen (18) years of age. The only exception to the age limitation shall be nursing aides sixteen (16) to eighteen (18) years of age if they work at all times under the direct supervision of a registered nurse or licensed practical nurse.

h. No person shall be assigned supervision of patient care who has been on duty either in the nursing home or at any other place of employment during the preceding eight (8) hours except in an emergency.

i. No employee shall resume work after using the toilet without first washing his hands with soap under hot and cold running water, and drying with an individual towel. Hand washing signs shall be posted in toilet rooms and lavatories used by employees. Dishwashing sinks shall not be used for handwashing purposes.

2. Personnel records shall contain the following information:

a. Name, current address and telephone number

b. Social Security number

c. Date of birth

d. References

e. Work experience

f. Qualifications and education

1. The records of all registered professional nurses or licensed practical nurses shall show the original

license number. Date of expiration of current registration shall be included.

g. Results of any employment physical examination, including certification of freedom from active pulmonary tuberculosis

h. Date of employment

i. Position (type of work and hours on duty each day)

j. Date of termination of employment

k. Reason for discharge or resignation

3. Daily work schedules of employees shall be kept in writing for the previous three (3) month period showing the personnel on duty at any given time.

4. A record shall be kept of all accidents to employees sustained in the course of employment in accordance with the regulations of the Industrial Accident Board.

36.103
Section C. Admission, Transfer and Discharge

1. The administrator of the nursing home shall be responsible for exercising discretion in the type of patients admitted to the facility. He shall not accept patients for whom care cannot be provided in keeping with the patient's mental and physical condition.

2. Patients are admitted only on a physician's order which includes an admission diagnosis and orders for immediate care of the patient. A patient may be admitted on an emergency basis but must be under the immediate care of a physician.

3. Each patient admitted shall be under the continuing supervision of the physician of his choice or one selected by his sponsor. It shall be the duty of this physician to comply with the policies and procedures of the facility regarding admission, treatment, discharge, medical records, emergency care and such other matters as are necessary for achieving good patient care.

4. The attending physician shall record the results of a physical examination within forty-eight (48) hours of admission or of such examination performed not more than five (5) days prior to admission. If the patient is admitted directly from the hospital, the current hospital summary containing this information shall be considered acceptable. This shall include certification of freedom from active pulmonary tuberculosis at the time of admission and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray. There shall be an admission

evaluation which covers the patient's immediate and long-term needs, a plan of treatment, medications, restorative services, dental needs, diet and general plans for continuing care.

5. Children under sixteen (16) years of age may be admitted to the nursing home if appropriate facilities and program are provided.

6. Patients with serious acute illnesses requiring the medical, surgical or nursing care of a general or special hospital shall not knowingly be admitted to the nursing home. Patients admitted with or acquiring such conditions after admission shall be transferred to the appropriate facility after consultation with the patient's physician.

7. No nursing home shall knowingly admit a person with a communicable disease. Provision shall be made for the isolation of cases of communicable disease contracted or diagnosed after admittance to the nursing home.

8. Maternity patients shall not be admitted to the nursing home.

9. No nursing home shall admit more patients than the number of beds stipulated on the license.

10. The nursing home shall not refuse to discharge or transfer a patient when the physician, family, patient, or sponsor requests such discharge or transfer. The attending physician shall be consulted or notified in all cases of discharge or transfer. The physician shall sign the discharge order or a written release shall be obtained from the patient, family or sponsor.

11. The family or sponsor shall be notified promptly when the patient is moved from the nursing home.

12. The home shall have a signed agreement with each patient or his sponsor covering all necessary arrangements should it be necessary to transfer the patient in an emergency.

13. All personal property belonging to a patient must be returned to him on transfer or discharge.

14. If a patient becomes disturbed and unmanageable and does not respond within a period of time not to exceed five (5) days to treatment provided by the physician, appropriate steps shall be taken by the sponsor to remove the patient from the home to the proper facility. If this cannot be accomplished, necessary legal proceedings shall be initiated by the licensee for the removal of the patient from the home to the proper facility.

Section D. Miscellaneous Policies

1. Visiting Hours

   a. Nursing homes shall have convenient daily visiting hours during both day and evening. The hours shall be prominently posted in plain view of visitors.

   b. Relatives shall be allowed to see terminal patients at any reasonable time.

   c. Patients' spiritual advisors shall be permitted to visit. Privacy during these visits shall be the privilege of every patient.

   d. Each patient shall be privileged to have privacy with his visitors, physician, and any agency representative who has responsibility for the patient's care.

2. Every facility shall have at least one (1) noncoin operated telephone accessible at all times in case of an emergency. Patients shall have access to a telephone at a convenient location within the building.

3. The individual in charge of the nursing home for each work shift shall have access to keys to all doors necessary to patient care and safety.

4. Smoking

   a. Patients shall not be permitted to smoke in bed unless a responsible individual is present.

   b. Smoking is prohibited in all rooms where oxygen is stored or administered.

5. Pets will be allowed only in recreational areas or in the patients' rooms and then only if restricted to a cage or a container.

6. Patients sharing a bedroom shall be of the same sex except in the case of a room occupied by a husband and wife.

7. Patients of one sex shall not pass through a bedroom occupied by a member of the opposite sex to reach a bathroom, living room, dining room, corridor or similar area.

8. There shall be a written agreement between the home and each patient or sponsor pertaining to cost of care, type of care, and services provided and means of notifying the responsible party of significant changes in a patient's condition.

9. Residents shall receive their mail unopened. Outgoing mail written by patients shall not be censored.

10. A patient shall be permitted to leave the premises unless good cause can be shown for refusing such permission. The individual taking the patient from the premises shall assume full responsibility during their absence from the home.

11. Prompt investigation of the cause of any accident involving patients or employees shall be instituted by the administration. Corrective measures indicated shall be adopted. A careful record shall be kept of all accidents.

12. No part of a premise licensed as a nursing home shall be utilized for any purpose other than the operation of the home as defined by these regulations.

13. Failure to return valuables to a resident or his sponsor at the time of discharge, transfer, or death, or to refund the unused balance of a patient's personal account, or making purchase on his account without the patient's consent or that of his sponsor constitutes misappropriation of property.

14. The home shall make adequate provisions for identification of patient's personal property and for safekeeping of valuables.

36.150
## Division II. PATIENT CARE POLICIES

36.151
### Section A. Policies Relating to Patient Care

1. Nursing homes shall have written policies developed with the advice of the facility's professional staff.

2. Policies reflect awareness of and provision for meeting the total needs of patients. These written policies are reviewed at least annually and cover at least the following:

   a. Admission, transfer and discharge policies including categories of patients accepted and not accepted by the nursing home

   b. Physician services

   c. Nursing services

   d. Dietary services

   e. Pharmaceutical services

   f. Diagnostic services

   g. Dental services

   h. Social services if available

   i. Patient activities

   j. Clinical records

3. It is desirable that the group of professional personnel responsible for patient care policies include social workers, dietitians, pharmacists, speech, physical and occupational therapists and mental health personnel. Pharmacy policies and procedures are preferably developed with the advice of a group of physicians and pharmacists serving as a pharmacy and therapeutics committee.

36.152
### Section B. Responsibility for Execution of Patient Care Policies

1. The nursing home has a physician or a registered professional nurse, or a medical staff responsible for the execution of patient care policies established by the professional group referred to in Section A.

2. If the organized medical staff is responsible, an individual physician is designated to maintain compliance with overall patient care policies. If a registered professional nurse is responsible the facility makes available an advisory physician from whom she receives medical guidance.

36.200
DIVISION III. PHYSICIAN SERVICES

36.201
Section A. Physician Services

1. The nursing home shall have a written requirement that all patients in need of skilled nursing care be admitted only upon the recommendation of a physician licensed to practice medicine in the state of Montana. Health care of the patient shall continue under the supervision of a physician.

2. There shall be made available to the nursing home by the physician, prior to, or at the time of admission, current medical findings, diagnosis, rehabilitation potential and orders for the immediate care of the patient.

   a. If the above information is not available at the time of admission, it shall be provided in writing within forty-eight (48) hours.

   b. If medical orders for the immediate care of the patient are unobtainable at the time of admission, the physician with the responsibility for emergency care shall give temporary orders.

   c. If the patient is admitted directly from the hospital, the current hospital discharge summary containing the above information shall be acceptable.

3. The nursing home shall have a written policy that the physician's orders must reflect a planned regimen of medical care indicating medications, treatments, restorative services, activity, diet, special procedures and plans for continuing care and discharge.

4. A physical examination shall be completed within forty-eight (48) hours of admission unless such examination was performed not more than five (5) days prior to admission. This must include a statement that the patient is free of active pulmonary tuberculosis. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray.

5. Persons having inactive tuberculosis not considered infectious but who have been on tuberculosis drug therapy shall have such examinations every three (3) months until such time as the patient has received acceptable tuberculosis treatment by drug, surgery or sanitarium care for at least three (3) years.

6. Patient's total program of care shall be reviewed and revised at intervals appropriate to his needs.

7. Orders for medications and treatments shall be in effect for a specified number of days indicated by the physician but in no case shall exceed a period of thirty (30) days unless re-ordered in writing by the physician.

8. Telephone orders shall be accepted when necessary and then only by a registered nurse or licensed practical nurse. Telephone orders shall be immediately reduced to writing in the appropriate clinical records and signed by the nurse receiving them. Telephone orders shall be countersigned by the physician within forty-eight (48) hours.

9. The patient shall be seen by a physician at least once every thirty (30) days. There shall be evidence in the clinical record of the physician's visits.

10. The physician shall make arrangements for the medical care of the patient in his absence.

11. Each nursing home shall arrange to have one or more physicians available on an emergency basis in case the patient's physician cannot be reached. The emergency physician may also be the advisory physician.

12. Immediate notification to the physician shall be given regarding any patient who has sustained an injury while he is in the facility. Extent of the injury and subsequent treatment shall be recorded on the patient's chart. The person or agency placing such patient in the nursing home shall be notified according to the policy of the facility.

13. There shall be strict compliance with the rules and regulations for reportable diseases of the Montana State Board of Health. Communicable disease reports must be made in accordance with Montana law upon forms supplied by the Montana State Department of Health.

36.250
DIVISION IV. NURSING SERVICE

36.251
Section A. Director of Nursing Service

1. Each home shall have a nurse registered in the State of Montana responsible for supervision of patient care who works full time during the day and devotes at least forty (40) hours per calendar week to the facility. In a home with more than twenty (20) beds, the R.N. shall devote full time to nursing service. The R.N. in charge shall designate one registered nurse or licensed practical nurse to act in her absence. If the required staffing pattern calls for more than one registered nurse employed full time, it must be an R.N. who relieves in this position.

2. The nurse in charge should be delegated the responsibility by the administrator to provide, direct and supervise nursing care by:

   a. Developing and/or maintaining nursing service objectives, policies, standards of practice, procedure manuals and written job descriptions for each level of nursing personnel.

   b. Recommending to the administrator the staffing pattern for nursing service, participating in recruitment and selection of personnel, and recommending termination of employment when necessary.

   c. Assigning and supervising all levels of nursing personnel in the performance of their duties.

   d. Participating in budget planning.

   e. Participating in the development and implementation of patient care policies and bringing patient care problems requiring changes in policy to the attention of the administrator and the professional policy advisory group.

   f. Coordinating nursing services with other patient care services.

   g. Assuming responsibility for carrying out doctor's orders.

   h. Planning and conducting orientation programs and continuing inservice education for nursing personnel as a prerequisite to good patient care. The inservice program should include philosophy and techniques of rehabilitation. There should be a positive effort to utilize official state or local agency resources for instruction when available. Administration should arrange for the staff to utilize workshops or conferences as offered by other groups.

i. Participating in the selection of prospective patients in terms of nursing services they require and nursing competencies and facilities available.

j. Assuring that a nursing care plan is established for each patient, and that this plan is reviewed and modified as necessary and is available to all nursing personnel.

36.252
Section B. Charge Nurse

1. There shall be at least one (1) registered or one (1) licensed practical nurse on duty at all times and in charge of the nursing activities during each tour of duty. The charge nurse is responsible to the director of nursing for the total nursing care of patients during her tour of duty. The charge nurse should have the ability to recognize significant changes in the condition of patients and to take appropriate action.

36.253
Section C. General Nursing Staff

1. Nursing personnel include registered nurses, licensed practical nurses, aides and orderlies.

2. There shall be provided twenty-four (24) hour nursing service with a sufficient number of nursing personnel on duty at all times qualified to meet the total nursing needs of all patients.

3. Separate buildings, or cottages, on the same grounds used by the same facility will not be licensed in this classification unless adequate personnel are available at all times in these separate buildings and/or cottages in order to assure proper care of the patients.

36.254
Section D.

## MINIMUM STAFFING PATTERN IN NURSING HOME EACH 24-HOUR PERIOD

In Terms Of Hours Of Service Furnished By Each Category Of Personnel

| | DAY | | | EVENINGS | | | NIGHTS | | |
|---|---|---|---|---|---|---|---|---|---|
| No. of Beds Licensed | R.N.* Hours | L.P.N. Hours | Aide** Hours | R.N. Hours | L.P.N. Hours | Aide** Hours | R.N. Hours | L.P.N. Hours | Aide** Hours |
| 4-8 | 8 | 0 | 0 | 0 | 8 | 0 | 0 | 8 | 0 |
| 9-15 | 8 | 0 | 4 | 0 | 8 | 0 | 0 | 8 | 0 |
| 16-20 | 8 | 0 | 8 | 0 | 8 | 4 | 0 | 8 | 0 |
| 21-25 | 8 | 0 | 12 | 0 | 8 | 8 | 0 | 8 | 4 |
| 26-30 | 8 | 0 | 16 | 0 | 8 | 8 | 0 | 8 | 8 |
| 31-35 | 8 | 0 | 20 | 0 | 8 | 12 | 0 | 8 | 8 |
| 36-40 | 8 | 0 | 24 | 0 | 8 | 16 | 0 | 8 | 8 |
| 41-45*** | 8 | 8 | 28 | 0 | 8 | 16 | 0 | 8 | 12 |
| 46-50 | 8 | 8 | 32 | 0 | 8 | 20 | 0 | 8 | 16 |
| 51-55 | 8 | 8 | 36 | 8 | 0 | 24 | 0 | 8 | 16 |
| 56-60 | 8 | 8 | 40 | 8 | 0 | 24 | 0 | 8 | 16 |
| 61-65 | 8 | 8 | 44 | 8 | 0 | 28 | 0 | 8 | 20 |
| 66-70 | 8 | 8 | 48 | 8 | 0 | 32 | 0 | 8 | 24 |
| 71-75 | 8 | 8 | 52 | 8 | 0 | 32 | 8 | 0 | 24 |
| 76-80 | 8 | 16 | 48 | 8 | 8 | 32 | 8 | 0 | 24 |
| 81-85 | 8 | 16 | 52 | 8 | 8 | 32 | 8 | 8 | 20 |
| 86-90 | 8 | 16 | 56 | 8 | 8 | 32 | 8 | 8 | 24 |
| 91-95 | 16 | 16 | 52 | 8 | 8 | 36 | 8 | 8 | 24 |
| 96-100 | 16 | 16 | 56 | 8 | 8 | 40 | 8 | 8 | 24 |

Staffing of homes with more than 100 beds will be given individual consideration.

*The two relief shifts could be provided by an L.P.N. up to 40 beds
**The term "aide" includes orderlies
***In a home of 41 beds or more, one R.N. in this pattern is to be the full-time director of nursing service.

This is an absolute minimum staffing pattern below which an acceptable level of care and safety cannot be maintained. Even with this staffing it would be difficult. Therefore, it is recommended that the quantity and quality of staffing should be determined by the administrator in consultation with his director of nursing. This decision should be based on the nursing needs of the patients and should reflect the current concepts of restorative and geriatric care.

Section E. Nursing Care

1. The written patient care policies of the home shall reflect the following:

   a. Kind, considerate care and treatment for the patients at all times. Every patient shall receive nursing care and supervision based on individual needs. Evidence of good physical care shall include:

      1. Clean skin free from decubiti

      2. Clean mouth, teeth and dentures

      3. Absence of dried, cracked lips

      4. Clean, trimmed finger and toe nails

      5. Clean, well-groomed hair

      6. Freedom from offensive odors

      7. Clean-shaven face

      8. Protection from and prevention of accident and injury

   b. Bathing: As often as indicated, at least once weekly for ambulatory patients and twice weekly for bed patients. Nursing personnel shall assist in the bathing of patients who cannot bathe themselves. Patient privacy shall be insured during the bath.

   c. Incontinence. Each patient shall have a partial bath and clean linens each time the bed or clothing is soiled. Rubber, plastic or other types of linen or clothing protectors shall be properly cleaned and completely covered to prevent direct contact with the patient. Newspapers are not acceptable for this purpose. Special attention shall be given to the skin to prevent irritations, rashes or ulcerations.

2. The nursing home is responsible for making every reasonable effort to restore the patient to the maximum degree of independence and self-help. There shall be a continuing program in effect to encourage ambulation and aid in adjusments to daily living. Personnel shall be adequately trained to assist patients toward self-help in activities of daily living, maintenance or range of motion, prevention or reduction of incontinence, proper chair and bed positioning to prevent or reduce physical disabilities.

3. Each patient shall have a clean room, bed, bed linen and clothing. Every patient shall be encouraged to be dressed daily. Clothing and bedding shall be changed immediately if

soiled and kept clean and free of odors. Soiled linen and clothing shall be removed immediately from the patient areas. Rubber and plastic sheets shall be cleaned often to prevent offensive odors. All utensils used in the personal care of the patient shall be kept clean and odor free.

4. The maximum physical, emotional and social well-being of each patient shall be maintained.

5. Medications and treatments shall be given only on order of a physician. They shall be administered in accordance with the Nurse Practice Act of the State of Montana, using acceptable nursing techniques to safeguard the patient, minimize discomfort and attain the physician's objectives.

6. If the patient is bedfast, his position shall be changed as often as necessary and at least every two (2) hours, day and night to maintain comfort and proper body alignment and to insure good skin condition.

7. Adequate equipment and supplies for first aid and emergency treatment shall be readily available at all times.

8. Nursing personnel shall insure that each patient is served his diet as prescribed and shall observe the food and fluid intake and output. Deviations from normal are reported to the charge nurse. Persistant unresolved problems are reported to the physician. Patients needing help in eating shall be assisted promptly upon delivery of meals. Adaptive self-help devices shall be provided when indicated to assist patients to independence in eating.

9. Oxygen shall be available for emergency use and shall be administered only under the supervision of properly-trained personnel. When used in an emergency, a doctor's order shall be obtained as soon as possible.

10. Intravenous medications or infusions shall be administered only by licensed physicians or registered nurses in accordance with the Medical and Nurse Practice Acts of the State of Montana. Once begun, the intravenous infusion shall be continued only under the supervision of a registered nurse.

11. There shall be established written procedures to be followed in an emergency which cover immediate care of the patient, persons to be notified and reports to be prepared.

12. There shall be a written procedure manual and written patient care policy manual available at each nursing station. The policies shall establish the guidelines within which patient care is conducted. The procedures shall establish standards of performance for safe, effective nursing care. Both the policies and procedures shall be reviewed at least annually and revised as necessary.

13. The terminal patient should be in a room by himself. If this is impossible, he shall be well shielded from the other patients.

14. Physical restraints shall not be used except when necessary to prevent injury to the patient or others and when alternative methods are not sufficient to accomplish this purpose. If a patient becomes so disturbed as to become a menace to himself or others, restraint may be applied by the nurse in charge. The physician shall be notified immediately. Except in an emergency no patient shall be restrained except on written order of a physician.

15. No form of restraint may be used or applied in such a manner as to cause injury to the patient.

16. Careful consideration shall be given to the methods by which the restraint can be speedily removed in case of fire or other emergency.

17. No patient shall be locked in his room except as specified in Division 36.700 (Division XIII), Section 36.702 (Section B), No. 16, or Division 36.750 (Division XIV), Section 36.756 (Section O), No. 6.

18. Unless specifically ordered to the contrary by the physician, patients in restraints shall have the restraint removed and their position changed every two (2) hours day and night to insure their comfort and maintain good skin condition.

36.300
DIVISION V. DRUG SERVICES

36.301
Section A. General Policies

1. Nursing homes shall provide appropriate methods and procedures for obtaining, dispensing, and administering drugs and biologicals developed with the assistance of a consultant pharmacist or a pharmacy and therapeutics committee which includes one (1) or more pharmacists.

   a. If the nursing home has a pharmacy, a licensed pharmacist shall be employed to administer the pharmacy department.

   b. If the facility has no pharmacy, provisions shall be made for promptly and conveniently obtaining all required drugs and biologicals from certified pharmacies.

   c. All drug orders must be compounded, dispensed or filled in a licensed pharmacy by a licensed pharmacist upon a prescription specifically written by the physician or dentist for the patient to whom the drugs are being administered. No drugs shall be administered except by duly licensed personnel and only upon written orders of the duly qualified and duly authorized physician or dentist.

2. An emergency medication kit approved by the professional staff shall be kept readily available. Appropriate policies governing its maintenance and use shall be established in writing.

36.302
Section B. Conformance with Physician's Orders

1. All medications administered shall be ordered in writing by the patient's physician.

2. Verbal orders are given only to a registered nurse or a licensed practical nurse. These are immediately reduced to writing and signed by the nurse. Verbal orders shall be countersigned by the physician within forty-eight (48) hours.

3. All medications not specifically limited as to time or number of doses when ordered are automatically stopped in accordance with written policies approved by the physician or physicians responsible for advising the facility on its medical administrative policies.

4. The patient's attending physician is notified of stop order policies and contacted promptly for renewal of orders so that continuity of the patient's therapeutic regimen is not interrupted.

5. The charge nurse and prescribing physician together review each patient's medications at least every thirty (30) days.

6. Medications not obtained by prescription shall be released to patients on discharge only on the written authorization of the physician.

36.303
Section C. Administration of Medications

1. All medications are administered by licensed medical or nursing personnel in accordance with the Medical and Nurse Practice Act of the State of Montana. Each dose administered is properly recorded on the clinical records.

2. In administering medications, approved systems are used and checked against the physician's orders.

3. One (1) person shall carry out the complete medication procedure for any given dose of medication, including pouring the medicine, administering it to the patient, and charting the dose on the patient's chart. When indicated, the patient's response to a medication shall be charted.

4. Special care shall be taken in identifying the patient for whom the medication has been ordered.

5. Care shall be taken to verify that the patient has actually ingested the medicine.

6. Medications prescribed for one patient shall not be administered to any other patient.

7. Self-administration of medications by patients is not permitted except for emergency drugs on special order of the physician or in a predischarge program under the supervision of a licensed nurse.

8. Medication errors and unusual drug reactions are immediately reported to the patient's physician and entry thereof made in the patient's clinical record as well as on an incident report.

9. Current medication reference texts are provided at each nurses' station.

36.304
Section D. Care of General Medications

1. Each administrator shall provide, within the facility, a cabinet for individual prescriptions. Such cabinet shall be of sufficient size, adequately lighted, and easily accessible. It shall be locked when not in use. The key for the lock of this cabinet shall be carried by or be accessible to only licensed nursing personnel. Any nursing home licensed after the adoption of these regulations shall provide a drug storage and dispensing area at the nurses' station.

2. Internal and external medications shall be kept in separate areas in the medicine cabinet or in separate locked cabinets. Poisons, chemicals or drugs or preparations limited to external application shall be properly labeled "For External Use Only". Poisons or chemicals which are not for use in treatment of human illnesses shall not be stored in the same room as drugs.

3. All bleaches, detergents, and disinfectants shall be kept separate from medicines, drugs and foods.

4. All poisons, toxic, dangerous and habit-forming drugs shall be maintained apart from other medical preparations and are to be secured by a double lock.

5. Biologicals, insulin and other medications requiring cold storage shall be refrigerated. A covered container in the refrigerator is considered satisfactory storage space if temperature is maintained at forty to fifty degrees Fahrenheit (40° to 50° F.).

6. No stock supply of legend drugs (narcotics, sedatives, dangerous, toxic or habit-forming drugs) shall be kept on the premises unless the facility employees a Montana licensed pharmacist.

7. All medications shall be kept in their original containers unless transfer of the medication is done by or under the supervision of a pharmacist. All pharmaceutical containers having soiled or otherwise damaged or illegible labels shall be returned to the pharmacy for relabeling.

8. The label on any drug available for administration to patients in the nursing home shall fully comply with the requirements of federal and state statutes and rules and regulations of the Montana State Board of Pharmacy. Each patient's medication container shall be clearly and adequately labeled and shall include:

   a. Complete name of patient

   b. Name of prescribing physician

   c. Quantity of medication dispensed

   d. Directions for administration

   e. Prescription number and date of issue

   f. Expiration date of drug (if any)

   g. Pharmacy's name and address

h. When dilution is required prior to administration, it shall be boldly indicated

i. Proper accessory labels shall be affixed when applicable

9. Pharmacist shall visit all areas of the facility where medications are kept at least on a monthly basis to determine that drug handling procedures are in compliance with established drug policies.

10. The nursing station has readily available the necessary items for the proper administration of medications. If disposable items are not used, proper sterilization is mandatory after each use.

11. All prescribed medicines are the property of the patient. Unused, outdated and discontinued medications should be destroyed on advice of the attending physician. Any remaining medications shall be reviewed by the physician prior to discharge. After discharge and in the case of death, unused medications shall not be retained in the home or given to any other resident. All unused portions of the patient's prescription shall be immediately destroyed by the administrator or his agent. An appropriate notation of disposition giving quantity, description of drug and prescription number shall be noted on the patient's record and signed by the person disposing of the medication. Exception: Narcotics are to be disposed of in accordance with regulations in Division 36.300 (Division V), Section 36.305 (Section E), No. 3.

36.305
Section E. Narcotics and Narcotic Records

1. All nursing home facilities shall comply with state and federal regulations governing narcotics and other dangerous, poisonous or habit-forming drugs. In those instances where a stock supply of narcotics is maintained there shall be a narcotic record book which shall be a bound notebook in which is recorded the name of the patient receiving the narcotic (or the exempt narcotic), the date, time, kind, dosage and method of administration of all narcotics, the name of the physician who prescribed the medication and the signature of the nurse who administered it. In addition, there shall be a recorded and signed narcotic count conducted in accordance with the Federal and State Narcotics Law and related regulations. Each time a narcotic is given, a notation shall also be made on the patient's clinical record.

2. All narcotics shall be placed under a double lock. This may be accomplished by maintaining a separate locked box, cabinet or drawer within the locked medication cabinet. If a locked box is used, it should be bolted or permanently attached within the cabinet. The key to the narcotic container shall be carried by the person duly authorized to give medications.

3. All narcotics no longer required or left over after the discharge or death of a patient shall be returned to the dispenser or to the Bureau of Narcotics. (Reference: United States Treasury Department Joint Regulations of the Bureau of Narcotics and Internal Revenue Service, Regulations No. 5, Revised October, 1964, page 48. They are to be forwarded as follows:

   a. Send the narcotic by prepaid express to the following address:

      District Supervisor
      Bureau of Narcotics
      311 United States Courthouse
      Seattle 4, Washington 98104

   b. Enclose in the package an inventory of its contents

   c. Receipts will be furnished by the Bureau of Narcotics and should be kept on file

4. The term narcotic drugs shall mean coca leaves, opium, cannabis, marihuana, Indian hemp, isonipecaine, amidone, isoamidone, ketobemidone and every substance neither chemically nor physically distinguishable from them; and other drugs to which the federal narcotic laws may now apply; and any drug found by the State Board of Health, after reasonable notice and opportunity for hearing to have an addiction forming or addiction sustaining liability similar to morphine or cocaine, from the effective date of determination of such findings by said State Board of Health.

5. Individual prescriptions of the above narcotics as well as exempt narcotics should be labeled by name as well as by prescription number. Montana pharmacies may be so instructed by the Montana State Board of Pharmacy unless the prescribing physician otherwise directs.

6. If there is a loss or wastage from an individual narcotic prescription, a notation to the effect should be made in the nursing notes and signed by the person responsible. Any loss or wastage of a stock narcotic will be recorded in the narcotic record book.

7. An accurate and adequate record shall be kept of all narcotic medications given to a patient. This shall be recorded on the patient's clinical record at the time given and shall state the narcotic given, the time, date, dosage, method of administration and the full name of the person preparing and administering the narcotic.

8. All depressant, stimulant, hallucinogenic and habit-forming drugs shall have the prescription number and quantity received entered on the nursing record each time a new prescription is

received. When such medications are destroyed, an entry shall be made on the patient's chart recording the date, the name and/or the prescription number of the drug, the quantity and the signature of the nurse or the administrator destroying the medication.

36.306
Section F. Narcotic Information

1. Any information regarding narcotic regulations may be obtained by writing to:

   a. Bureau of Narcotics
      633 Indiana Avenue Northwest
      Washington, D. C. 20226

   b. Bureau of Narcotics
      311 U. S. Courthouse
      Seattle 4, Washington 98104

36.350
DIVISION VI. RECORDS

36.351
Section A. General Requirements

1. In the event of change in the management of the nursing home, all patient records and registries shall remain the property of the facility. These shall be kept in the home at all times and be available to the staff.

2. All clinical records including nurses notes shall be retained for five (5) years after the last discharge date or until age twenty-six (26) of the patient, whichever is longer. In the event of death, records shall be kept for five (5) years after proof of death.

3. Prior to destroying any record, a summary card must be prepared containing the name of the patient; age; date of birth, admission, and discharge; diagnosis; name of attending physician and next of kin or sponsor. Such summary card shall be a permanent record of the facility.

4. Provision shall be made for the safe storage of all records required by these regulations. They shall be filed and indexed according to approved methods. All records shall be checked for completeness prior to filing.

5. All reports and records shall be available to authorized persons of the State Department of Health having legal responsibility pertaining to the licensing of nursing homes.

36.352
Section B. Reports

1. An annual report shall be submitted for the preceding calendar year operation not later than February 1 on forms provided by the State Department of Health.

2. If the facility ceases operation prior to the expiration date of the license, the annual report form shall be completed for the period of operation and submitted to the State Department of Health. The license shall be returned to the State Department of Health for cancellation.

3. There shall be strict compliance with the rules and regulations for reportable diseases of the Montana State Department of Health. Communicable disease reports must be made in accordance with Montana law upon forms supplied by the Montana State Department of Health.

36.353
Section C. Clinical Records

1. The nursing home shall maintain a separate clinical record for each patient admitted with all entries kept current, dated and signed. The records shall include:

a. Identification and summary sheet, including patient's name, social security number, marital status, age, sex, home address and religion; names, addresses and telephone numbers of referral agencies, personal physician, dentist and next of kin or other responsible person; admitting diagnosis and final diagnosis.

b. Initial medical evaluation, diagnosis and estimation of restorative potential. Certification by a physician of freedom from active pulmonary tuberculosis must be included.

c. Physician's orders, including all medications, treatments, diets, activity, restorative and special medical procedures required for the safety and well being of the patient.

d. Physician's progress notes describing the patient's condition written at the time of each visit.

e. Nurses' Notes: A record shall be kept for each patient by the nursing staff. The record shall include the following information:

    1. Description of any untoward response or unusual reaction to a medication.

    2. Date, time and description of all treatments and dressings and signature of person performing these services.

    3. Date and time of physician's visit.

    4. Record of all factors pertaining to the patient's condition, including activity and all nursing care given.

    5. Record of all accidents to the patient.

    6. Date and time of admission, discharge, transfer and/or death.

f. Medication and treatment records including all medications, treatments and special procedures performed. The medication record shall include date, time, dosage and name of each medication administered to a patient. Each entry shall be signed by the person administering the dose. This record may be kept on a separate sheet or incorporated into the nurses' notes.

g. Laboratory and x-ray reports.

h. Consultation reports when applicable.

i. Dental reports when applicable.

j. Social service notes when applicable.

k. Patient care referral reports are recommended.

2. The nursing home shall also maintain the following additional records:

   a. In the case of death, a report which shall be completed on the patient's medical record and should include the following:

      1. Date and time of death.

      2. Immediate cause of death.

      3. Physician's signature.

      4. Name and address of next of kin or sponsor notified of death.

      5. Signature of mortician removing the body.

3. All information contained in the clinical records is confidential and is available only to authorized persons.

4. If the nursing home does not have a full- or part-time medical record librarian, an employee of the facility shall be assigned the responsibility for assuring that the records are properly maintained, completed and preserved. The designated individual should be trained by and receive regular consultation from a person skilled in record maintenance and preservation.

36.400
DIVISION VII. DIAGNOSTIC AND DENTAL SERVICES

36.401
Section A. General Requirements

1. The nursing home shall have provision for promptly and conveniently obtaining the required clinical laboratory, x-ray and other diagnostic services from a physician's office, hospital laboratory or independent laboratory.

2. All diagnostic services shall be provided only on the order of the physician.

3. The physician shall be notified promptly of results of diagnostic procedures.

4. Arrangements shall be made for the transportation of patients when necessary to and from the source of service.

5. Simple tests such as those customarily done by nursing personnel for diabetic patients may be done at the facility.

6. All reports should be included in the clinical records.

7. The nursing home shall assist patients in obtaining regular or emergency dental care.

    a. The function of an advisory dentist is to provide consultation, participate in inservice education, recommend policies concerning oral hygiene and be available in case of emergency.

    b. The nursing home shall arrange for the patient to be transported to the dentist's office when necessary.

    c. Nursing personnel shall assist the patient in carrying out the dentist's recommendations.

36.450

# DIVISION VIII. RESTORATIVE SERVICES, SOCIAL SERVICES, PATIENT ACTIVITIES AND RELIGIOUS SERVICES

36.451

## Section A. Restorative Services

1. Restorative services are considered to be important in the overall care of the nursing home patient and should be provided. When such services are provided, they shall be under medical direction and these standards shall apply.

    a. Restorative services, including modalities to be used, frequency and anticipated goals shall be prescribed by the physician and carried out under medical direction.

    b. At a minimum, restorative nursing care designed to maintain function or improve patient's ability to carry out the activities of daily living shall be provided by the nursing home.

    c. When the nursing home provides restorative services beyond restorative nursing care, whether directly or through cooperative arrangements with the appropriate agencies such as hospitals, rehabilitation centers, state or local health departments or independently practicing therapists, these services shall be supervised by qualified therapists.

    d. Other personnel providing restorative services shall be specially trained and shall work under professional supervision in accordance with accepted professional practices.

    e. Commonly used ambulation and therapeutic equipment necessary for the services offered shall be available for use in the nursing home. Recommended ambulation equipment shall include such items as parallel bars, handrails, wheelchairs, walkers, walkerettes, crutches and canes.

36.452

## Section B. Social Services

1. Services shall be provided to meet the medically related social needs of the patient.

36.453

## Section C. Patient Activities

1. Purposeful activities suited to the needs and interests of patients should be provided as an important adjunct to the active treatment program and to encourage restoration to self-care and resumption of normal activities.

a. An individual should be designated as being in charge of patient activities. This individual should have experience and/or training in directing group activities or should have available consultation from a qualified recreational therapist or group activity leader.

b. Community, social and recreational facilities should be utilized to the fullest possible extent.

c. Patients should be encouraged, but not forced, to participate in such activities. Suitable activities should be provided for patients unable to leave their rooms.

d. The nursing home should make available a variety of supplies and equipment adequate to satisfy the individual interests of patients. Examples of such supplies and equipment are books and magazines, daily newspapers, games, stationery, radio and television, etc.

36.454
Section D. Religious Activities

1. Adequate provision should be made for residents to attend church services when permitted to do so by their physician.

2. Arrangements should be made for the services of members of the clergy for those unable to leave the home. Pressure shall not be placed on residents who do not wish to take part in religious activities.

36.500
DIVISION IX. DIETARY SERVICES

36.501
Section A. Nutritional Requirements

1. Food served meets the nutritional needs of the patients in accordance with physicians' orders and to the extent medically possible meets the dietary recommendations of the Food and Nutrition Board of the National Research Council adjusted for age, sex and activity. The following daily guide is based on these allowances:

   a. Milk - two (2) or more cups served as beverage or used in cooking.

   b. Meat Group - two (2) or more servings meat, fish, poultry, eggs, cheese, with dry beans, peas, nuts as alternates.

   c. Vegetable and Fruit Group - four (4) or more servings.

      1. A citrus fruit or other fruit and vegetable important for vitamin C.

      2. A dark green or deep yellow vegetable for vitamin A, at least every other day.

      3. Other vegetables and fruits including potatoes.

   d. Bread and Cereal Group - four (4) or more servings of whole grain, enriched or restored.

   e. Other foods to round out meals and snacks to satisfy individual appetites and provide additional calories.

2. All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption.

3. At least three (3) meals are served daily, at regular times with not more than a fourteen (14) hour span between a nutritious evening meal and breakfast.

4. If a four (4) or five (5) meal plan is in effect, the nutritional value provided is equivalent to the guide described.

5. Therapeutic diets are prepared and served as prescribed by the attending physician under the supervision or consultation of a qualified dietitian.

6. A current diet manual shall be available to food service and other personnel concerned.

7. Personnel responsible for therapeutic diets should have received instruction in food values adequate to make appropriate substitutions when necessary.

Section B. Food Service

1. Menus are written at least one (1) week in advance. The current menu is in one (1) or more accessible places in the dietary department for easy use by persons purchasing, preparing and serving food.

2. Records of menus as served are filed and maintained for thirty (30) days and may be reviewed by authorized persons.

3. Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period are maintained on the premises.

4. Methods of food preparation used conserve nutritive value, flavor and appearance.

5. A file of tested recipes adjusted to appropriate yield is maintained.

6. Food is cut, chopped or ground to meet individual needs.

7. Effective procedures are established to provide and maintain food at proper serving temperatures.

8. Table service is provided for all who can and will eat at a table. Tables should be of proper design to accommodate wheelchair patients.

9. Table and tray service shall be attractive with plastic or china dishes or sectioned plastic trays free of cracks, chips and stains.

36.550
DIVISION X. MAINTENANCE, HOUSEKEEPING AND SANITATION

36.551
Section A. Maintenance

1. Every facility shall have an effective maintenance program and necessary staff to:

   a. Keep the building in good repair and free of hazards such as cracks in floors, walls or ceilings, warped or loose boards, broken, loose or cracked floor coverings, loose handrails or railings, loose or broken window panes, and similar hazards.

   b. Keep all electrical, mechanical, water supply, fire protection and sewage disposal systems in a safe, functioning condition. Electrical cords, outlets, switches and appliances shall be maintained in a safe condition.

   c. Keep all plumbing fixtures in good repair, properly functioning and provided with protections to prevent contamination from entering the water supply.

   d. Inspect the heating system regularly and make all necessary repairs to maintain it in a safe, functioning condition.

   e. Maintain interior and exterior of the building as needed to keep it reasonably attractive. Loose, cracked or peeling wallpaper or paint shall be promptly replaced or repaired to provide a satisfactory finish.

   f. Keep all furniture and furnishings attractive and in good repair.

   g. Keep the grounds and other buildings in a safe, sanitary and presentable condition. Grounds shall be kept free of insect and rodent breeding areas.

36.552
Section B. Housekeeping

1. Every home shall have an effective housekeeping program and necessary staff to:

   a. Maintain the building in a clean, safe and orderly condition using accepted practices and procedures.

   b. Keep all rooms and corridors clean and arranged in an orderly fashion. This includes food preparation, storage and serving areas.

   c. Keep floors clean, slip proof, free from throw or scatter rugs and other tripping hazards.

d. Control odors by cleanliness and proper ventilation. Deodrants shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.

e. Keep storage areas, attics, basements and similar areas free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment and similar items.

f. Keep the home free of unnecessary accumulations of equipment and supplies, including possessions of patients and staff.

g. Prohibit use of bathtubs, shower stalls or lavatories for laundering, janitorial or storage purposes.

h. Keep equipment such as bedpans and urinals off the floor.

36.553
Section C. Sanitation

1. Food Handling Sanitation

a. Every facility shall substantially comply with the Regulation for Food Service Establishments of the Division of Environmental Sanitation as adopted January 1, 1966, by the Montana State Board of Health.

b. All food, while being stored, prepared, displayed, served or transported, shall be protected against contamination from dust, flies, rodents and other vermin. It shall be protected from unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage.

c. Food handling personnel shall be trained in basic food sanitation techniques.

d. Clothing worn shall be clean and easily washable. To cover hair completely, hair nets must be worn by women, paper or cloth caps by men.

e. Anyone showing evidence of an infection shall be excluded from duty.

f. Adequate handwashing facilities including hot and cold water, dispensable soap and individual paper towels shall be provided within the kitchen area.

g. There shall be an adequate supply of dishes, glassware and silverware of a satisfactory type to serve all patients in the home one (1) meal.

h. All perishable food shall be stored at safe temperatures (forty-five degrees Fahrenheit (45° F.) or below). Cooked foods being held for serving later shall be maintained at a temperature of one hundred forty degrees Fahrenheit (140° F.) or higher. These temperatures will be maintained except during necessary period of preparation and service.

i. All staple foods shall be stored on racks or shelves off the floor in a ventilated room and protected from contamination.

j. All garbage not mechanically disposed of shall be kept in suitable containers pending removal. All cans, trash and other waste materials shall be stored in a covered container. The garbage and trash shall be removed from the premises as frequently as necessary to prevent nuisance and unsightliness.

k. Effective procedures for cleaning all equipment and work areas shall be followed consistently.

l. A three (3) compartment sink shall be provided and used for manual washing and sanitizing of kitchen equipment and utensils.

m. All tableware washed by spray-type dish machine shall be washed with water at a temperature of one hundred forty degrees Fahrenheit to one hundred sixty degrees Fahrenheit (140° F. - 160° F.) and rinsed by clean water of at least one hundred eighty degrees Fahrenheit (180° F.).

n. All tableware shall be allowed to air dry. No drying cloths shall be used.

o. All dishes, silverware and cooking utensils shall be stored above the floor in a clean, dry place protected from flies, splash, dust and other contaminants.

p. The kitchen shall be located so it will not be used as a passageway by patients or nonfood handling staff.

q. Space in the kitchen shall not be used for serving meals to either patients or staff, including food service staff.

r. None of the operations connected with food preparation shall be conducted in a room used for living, sleeping or laundry purposes.

s. The use of tobacco shall be prohibited in food preparation areas.

t. All poisonous compounds shall be used with extreme caution and compounds harmless to humans should be substituted

whenever possible. Poisonous compounds shall not be stored in food preparation areas.

2. Laundry Service

   a. Unless a commercial laundry service is used, clean and soiled laundry operations shall be functionally separate in an adequately equipped laundry area.

   b. The minimum temperature of water used in the laundry shall be one hundred eighty degrees Fahrenheit (180° F.).

   c. Linen shall be dried in equipment which utilizes a high drying temperature.

   d. Storage of soiled linen should be arranged to prevent odors in the home. Suitable containers shall be provided for all soiled linen. Bagging is recommended.

3. Garbage Disposal

   a. All garbage shall be stored and disposed of in a manner that will not permit the transmission of contagious disease, create a nuisance, or provide a breeding place for flies.

   b. All containers for garbage shall be watertight, have tight fitting covers and be rodent proof. Containers shall be thoroughly scrubbed.

36.600
## DIVISION XI. WATER SUPPLY AND SEWERAGE DISPOSAL

36.601
### Section A. Water Supply

1. The home shall be served by water from a public water supply when available.

2. If a public water supply is not available, a private water supply may be utilized, if approved by the Department.

3. The water supply shall be adequate in quantity and quality and delivered under sufficient pressure. The water supply shall be in accordance with the Sanitary Code of the Montana State Department of Health.

4. Plans for any private water supply must be reviewed and approved by the Department before construction is started.

36.602
### Section B. Sewerage System

1. All sewage and liquid waste shall be disposed of in the public sewerage system, when available.

2. If a public sewerage system is not available, sewerage and liquid waste shall be collected, treated and disposed of in private treatment facilities, the construction, maintenance and operation of which must be approved by the Department of Health.

3. Plans for any proposed disposal system must be approved by the Department before construction is started.

36.650
## DIVISION XII. FURNISHINGS, EQUIPMENT AND SUPPLIES

36.651
### Section A. Furnishings

1. Living rooms for patient use shall be provided with a sufficient number of reading lamps, tables, chairs, and sofas of satisfactory design.

2. Each bed provided shall be of a hospital type with casters. It shall have satisfactory springs in good repair and a clean, firm, comfortable mattress standard in size for the bed. Each bed shall have at least one comfortable pillow. There shall be additional pillows available in the facility to serve all needs.

3. Mattresses and pillows shall be kept clean, dry and in good repair.

4. Each patient shall have a bedside table or its equivalent with a drawer and a washable top. There shall be a sufficient number of overbed tables to accommodate all bedfast patients.

5. There shall be an individual towel rack.

6. A comfortable chair shall be provided for each patient within his room.

7. Each patient shall be provided with adequate private drawer and wardrobe or closet space within the room for clothing.

8. There shall be proper storage in the room for bedpans, urinals and washbasins.

9. A satisfactory reading lamp or equivalent shall be provided for each patient.

10. Each bedroom shall have a mirror.

11. Each bedroom shall have clean, flame-resistant window shades or equivalent in good repair.

12. Dining room furnishing shall be well constructed and of satisfactory design. Tables shall be of a type that can be used by wheelchair patients.

36.652
### Section B. Equipment and Supplies

1. A call system shall be provided within easy reach of each patient bed.

2. There shall be wheelchairs, metal bedside rails, footstools, commodes, foot cradles, footboards, under-the-mattress bedboards, trapeze bars and additional similar equipment in sufficient numbers for the proper care of patients.

3. There shall be flame-resistant cubicle curtains in each multiple-bed room to insure privacy for patients.

4. There shall be a sufficient quantity of nursing care equipment properly maintained to care for patient needs.

5. Sterilizing equipment of sufficient size shall be provided.

6. Linen:

   a. There shall be an adequate supply of linen and other bedding.

   b. A moisture-proof mattress cover and a mattress pad shall be provided for all beds.

   c. A supply of sheets and pillow cases shall be available so that changes may be made as often as necessary to keep beds clean, dry and free of odors. At least two (2) sheets and one (1) pillow case shall be furnished each week.

   d. Sufficient lightweight blankets shall be provided to assure warmth for each patient, shall be available as needed and laundered as often as necessary to assure cleanliness and freedom from odors.

   e. There shall be a clean, washable spread for each bed.

   f. Patients shall be supplied at all times with a clean bath towel and washcloth which shall be changed at least two (2) times a week.

   g. Towels for common use shall not be permitted.

7. Adequate and convenient storage space shall be provided on each floor for all linens, pillows and bedding.

8. Bedpan and urinal covers shall be provided in ample supply and shall be available at the patient's bedside and in the utility room.

9. There shall be cleaning equipment properly maintained and in sufficient quantity to meet the housekeeping needs of the home.

10. There shall be a paper towel dispenser at each lavatory with an available supply of dispensable soap.

Section C. General Care and Cleaning of Equipment

1. Bedpans, urinals and commodes shall be emptied promptly and thoroughly cleaned after each use.

2. Following the discharge of any patient, all equipment including beds shall be thoroughly cleaned and sanitized. Bedpans, urinals, emesis basins, washbasins, soap dish and other individual items shall be sterilized.

36.700
DIVISION XIII. BUILDINGS AND GROUNDS - EXISTING HOMES

36.701
Section A. Location

1. Every home located within the corporate limits of a municipality shall comply with all local ordinances.

2. Every home located outside the corporate limits of a municipality shall have fire and law enforcement protection.

36.702
Section B. General

Every existing home shall meet the following requirements:

1. Be structurally sound, clean, sanitary and in good repair.

2. Floors and bases of the following areas shall have smooth, easily cleaned, moisture resistant, resilient flooring or ceramic flooring: Toilets, baths, utility rooms, treatment rooms, sterilizing rooms, janitor closets, dining rooms, recreation and patient rooms. Carpeting may be installed in specified areas upon approval of the Department of Health.

3. All walls and ceilings shall be kept in good repair, free from cracks or holes and of a type of finish that can be satisfactorily cleaned.

4. All windows shall be in good repair, fit snugly and open and close easily.

5. A centralized heating system shall be provided capable of maintaining a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in all occupied areas when the outside temperature is a minus twenty degrees Fahrenheit (-20° F.).

6. Existing space heaters may be used if vented from the outside and if approved as to type and installation by the State Fire Marshal or the local fire official. Unvented gas heaters and space heaters using room air for combustion shall not be permitted.

7. Protection from open flames and hot surfaces shall be provided.

8. Corridors and passageways to be used as a means of exit, or part of a means of exit, shall be at least forty-four inches (44") wide.

9. All stairways and ramps shall be provided with sturdy handrails on both sides for their full length. All outside open stairwells shall be protected with gates or guards to prevent accidents. All stairways shall be provided with nonskid tread.

10. Handrails equipped with returns are required on both sides of the corridors used by patients.

11. Telephone alcoves shall be a minimum of four (4) square feet. The phones shall be located at a level convenient for patients in wheelchairs. Doors to telephone alcoves are not recommended.

12. Every home and every part thereof shall be kept clean, free from accumulation of dirt, trash, rubbish, garbage and shall be kept odor free.

13. Be so constructed and maintained as to prevent the entrance and harborage of rats, mice, insects, flies and other vermin.

14. Ceiling of boiler rooms, kitchens, and laundries shall be adequately insulated when the floor directly above them is used.

15. Locks installed in patient room doors shall be of the type that can be locked only from the corridor side. At no time shall any patient be locked in his room.

16. A latch may be used on the lower half of a dutch door. Sections of dutch doors must be interconnected to prevent the bottom half from opening when the top half is closed. This is the only type of door approved for the temporary restraint of mentally disturbed patients in a room. Not more than one (1) dutch door equipped with restrictive devices shall be allowed for each ten (10) rooms.

17. All homes of nonfire-resistive construction, of two (2) or more stories, with ten (10) or more residents shall install an automatic sprinkler system and/or a smoke detection system acceptable to the State Fire Marshal.

36.703
Section C. Patient Bedrooms

Every existing home shall meet the following requirements:

1. Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

2. Each multiple-bed room shall have at least eighty (80) square feet usable floor area for each bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum distance between each bed and two feet (2') between a bed and the wall.

3. No patient room shall have more than four (4) beds. Not more than two (2) beds per patient room is recommended.

4. Patient beds shall not be placed in hallways or in any area other than approved bedrooms.

5. No room which opens into the kitchen shall be used as a bedroom.

6. No room shall be used as a bedroom if this requires passing through a kitchen to reach the bathroom, living room or out-of-doors.

7. Each room used as a bedroom shall have at least one (1) outside window. The total outside window area should equal at least one-eighth (1/8) of the floor area of the room.

8. Each bedroom shall have an adequate clothes closet or wardrobe.

9. Each bedroom should have a lavatory with hot and cold running water unless provided in an adjoining bathroom or toilet facility. Lavatories for patient use should be supported on brackets to accommodate wheelchairs and be provided with wrist blades and gooseneck spouts.

10. Each bedroom shall have adequate and satisfactory artificial light and be equipped with at least one (1) duplex electric outlet for each bed. There shall be an electric switch in each bedroom near the entrance to control at least one (1) light in the room. Exposed wiring shall be enclosed in conduit. All wiring shall be in compliance with the National Electrical Code and certified by a licensed electrician. Extension cords shall not be allowed.

11. Residents shall be housed only in rooms designated as bedrooms by the licensing authority. Rooms in which residents are housed shall be used for no other purpose.

12. Doors to sleeping rooms shall be at least thirty-six inches (36") in clear width.

13. Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.

14. No resident bedrooms shall be below grade.

15. Partial partitions or flame-resistant cubicle curtains shall be installed to provide privacy for each patient when there is more than one (1) in a room.

36.704
Section D. Bath and Toilet Rooms

Every existing home shall meet the following requirements:

1. Provide separate bathroom for each sex and a minimum of one (1) bath or shower for each ten (10) beds. Grab bars shall be provided at each bathtub or shower.

2. A toilet room for each sex at a ratio of one (1) water closet to each eight (8) beds shall be provided. Toilet rooms should permit movement of wheelchairs and shall have grab bars. One (1) toilet room on each floor should be at least five feet by six feet (5' x 6') to permit toilet training.

3. Showers should be approximately four (4) feet square and shall have grab bars and curtains. Curbs shall be omitted.

4. No toilet rooms shall open directly into a kitchen, or food preparation or storage room. Neither shall it be so located that a patient must pass through any of the above areas to enter the toilet room.

5. All bath and toilet rooms shall be easily accessible and conveniently located. They shall be vented to the outside either by windows that can be opened or by an exhaust fan.

6. Bathroom fixtures shall be of substantial construction, in good repair and designed so that they may be cleaned satisfactorily. All bathtubs and showers shall be provided with slip-proof mats or strips.

7. Each toilet and bathroom shall be adequately lighted, have a light switch just inside or outside the door, and be provided with a mirror for each lavatory.

8. Bathrooms and lavatories shall not be used for cleaning, storing, or drying of soiled linen or cleaning equipment.

9. Toilet seats shall have a water-proof finish.

36.705
Section E. Living, Dining and Recreation Areas

The home shall provide a comfortable area well-furnished and well-lighted for the use of patients. Under no circumstances shall the living room be used as a bedroom.

1. The living, dining or recreation area shall be large enough to provide necessary space for the activities of the patients. This shall be an outside room conveniently located.

2. Dining area shall be well lighted.

3. The total floor area for dining, living and recreation rooms should not be less than twenty (20) square feet for each patient bed.

36.706
Section F. Nurses' Station

1. There shall be a well-lighted nurses' desk or station centrally located in the patient area.

2. A locked well-lighted medicine cabinet and a medicine preparation area shall be located at or near each nurses' station.

3. Toilet and hand washing facilities shall be provided.

4. Equipment necessary for charting and record keeping shall be provided.

5. A call system shall be provided to register calls at the nurses' station from each bed, patient roilet room and each bathtub or shower.

6. A separate clean and soiled linen storage area shall be provided in the patient area.

36.707
Section G. Utility Rooms

1. There shall be a clean and soiled utility room. These may be separate rooms or in one divided room.

   a. The soiled utility room shall be equipped for the proper cleaning and sanitizing of bed pans. It shall have a suitable sink for cleaning equipment and storage area. A receptacle for soiled linen and sanitary self-closing waste receptacles should be located in this area.

   b. The clean utility room should contain a suitable sink, work space and storage area. This area can also serve as a nourishment center and a storage area for the clean linen supply. The sterilizer may be in this area.

2. A janitor closet should be provided for each nursing unit and service area. This closet should be equipped with hot and cold running water, a service sink and adequate storage space for supplies and equipment. Floor type sink is recommended.

36.708
Section H. Kitchens

1. A kitchen shall be provided. It shall be properly located for efficient food service and large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. The kitchen area, not including food storage areas, should be approximately ten (10) square feet for each patient bed served.

2. The floor surface in kitchens and in all other rooms and areas in which food is stored or prepared, or in which utensils are washed shall be of smooth nonabsorbent materials and so constructed as to be easily cleaned. All floors shall be kept clean and in good repair. Floor drains should be provided in

all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquid.

3. All walls of areas in which food is prepared shall be nonabsorbent, cleanable, smooth and in good repair.

4. All exterior openings shall be effectively protected against flies during fly season.

5. Adequate handwashing facilities shall be provided including hot and cold running water, dispensable soap and disposable towels.

6. Toilet and bathing facilities shall not open directly into food preparation areas.

7. Kitchen location should prevent all traffic except that necessary for receiving, preparing and serving food.

8. Adequate artificial lights shall be provided in food service areas.

9. An adequate supply of hot and cold running water under pressure shall be available to rooms in which food is prepared.

10. Dishwashing procedures and equipment must comply with the Regulation for Food Service Establishments of the Division of Environmental Sanitation as adopted by the Montana State Board of Health on January 1, 1966.

36.709
Section I. Storage Space

Every existing home shall:

1. Provide adequate storage space for wheelchairs, walkers, bedside rails and similar equipment.

2. Provide adequate storage space for supplies, personal possessions of patients and staff, linens and similar items.

36.710
Section J. Laundry Rooms

The laundry areas in existing homes shall meet the following requirements:

1. The area shall be so located that it does not require passing through a kitchen, bedroom or toilet room to process the laundry.

2. Laundry equipment shall not be located in a bedroom, toilet room, bathroom or kitchen.

3. Service door and corridor dimensions shall be sufficient to allow for the passage of equipment and supplies.

4. When laundry chutes are used, they shall be of a minimum two (2) hour fire-resistive construction with self-closing doors equipped with a positive latch at the top. They shall be provided with a flushing ring, vented to outside atmosphere and have a floor drain at the point of discharge. An automatic sprinkler shall be provided at the top of the chute and at the discharge point.

5. The following facilities shall be provided when the laundry is done commercially:

   a. Adequate space for sorting, processing and storing soiled linen.

   b. Storage space located to facilitate convenient pickup and deliveries.

   c. Separate storage facilities for clean linen.

36.711
Section K. Office Space

Each existing nursing home shall provide adequate office space to meet the needs of the home.

36.712
Section L. Electrical Requirements

1. The electrical system and equipment shall be in accordance with applicable local codes and regulations. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

   a. All occupied areas shall be adequately lighted. Patient bedrooms shall have as a minimum a night light and for each bed a reading light. The outlet for general illumination and night light should be switched at the door. Switches in patient rooms should be of an approved mercury or equally quiet type.

   b. A call system shall be provided to register calls at the nurses' station, with call stations at each patient bed, toilet and bathing room. A corridor dome light shall be located in the corridor over the doorway of all such rooms.

   c. Lighting fixtures shall be furnished for all lighting outlets. If ceiling lights are used in patient rooms, they shall be shielded.

d. Switches in bathrooms shall be located four feet (4') or more from tubs or showers.

e. No part of any room shall be enclosed unless such room be separately lighted and ventilated.

f. Artificial lighting shall be sufficient to illuminate the entire room area. Exposed light bulbs shall not be used in patient rooms or areas frequented by patients such as bathrooms, dining rooms, recreation rooms and corridors.

g. Installation of a standby electrical generator on the premises to provide an emergency supply of electricity may be required by the Board if it has good reason to believe the source of supply is unreliable. Battery operated emergency lights shall be available at all times at the nurses' station.

h. An inspection of the existing electrical system shall be made by a licensed electrician who shall certify that installation meets the requirements of the National Electrical Code.

36.713
Section M. Ventilation

1. Utility rooms, toilets, bathrooms, sterilizer rooms, sterilizer equipment chambers, janitor closets and food storage rooms shall have adequate ventilation.

2. Kitchens and laundries which are located inside the building shall be ventilated by exhaust systems. It is recommended that they discharge the air above the main roof or fifty feet (50') from any window.

   a. The ventilation of these spaces shall comply with the state or local codes. If no codes apply, the air and work spaces should be exhausted at least once every six (6) minutes with the greater part of air being taken from the flatwork ironer, dryer and range areas.

   b. Air from the laundry sorting area shall be discharged with no recirculation.

   c. Oxygen storage and oxygen manifold rooms shall comply with the regulations set forth in the latest edition of the NFPA Standard 56.

36.714
Section N. Incinerators

1. Incinerators are recommended for all nursing homes. If installed, they shall be gas, electric or oil fired.

2. Design and construction of incinerators and refuse chutes shall be in accordance with Part III of the National Fire Protective Association, Standard No. 82, Standards for Incinerators.

36.715
Section O. Plumbing

All plumbing shall comply with applicable local codes, National Plumbing Code and Montana Plumbing Code.

36.716
Section P. Gas Piping and Appliances

1. Gas piping and appliances shall be approved by the American Gas Association and shall be connected in accordance with requirements of the utility company furnishing the gas.

2. Gas outlets shall not be provided in patient rooms.

36.717
Section Q. Oxygen Systems

Where oxygen systems are installed, the oxygen piping outlets, manifold rooms and storage rooms shall be installed in accordance with the requirements of NFPA Standard No. 56 and No. 565.

36.718
Section R. Elevators

1. It is recommended, where practical, that elevators be installed if patient rooms are above the street level floor. If elevators are not installed, only those patients who can ascend and descend stairs without assistance may be housed above the street level floor.

2. Passenger elevators should have a platform size of not less than five feet four inches by eight feet (5' 4" x 8').

3. Installation shall comply with all local and state codes, the American Safety Code for Elevators, National Board of Fire Underwriters and the National Electrical Code.

36.719
Section S. Dumb Waiters

Installation of dumb waiters shall comply with all local and state codes, American Standard Safety Code for Elevators, National Board of Fire Underwriters and the National Electrical Code.

36.750
DIVISION XIV. BUILDINGS AND GROUNDS - NEW CONSTRUCTION

36.751
Section A. Site

1. The location shall be:

   a. Adjacent to an all-weather road.

   b. In a neighborhood free from excessive noise, dirt and polluted air and away from railroads, main traffic arteries, industrial developments and similar disturbances.

   c. Such that sufficient surrounding land is provided at the time of initial planning. Building shall not exceed one-half (½) of total site area. Consideration shall be given for future planning.

   d. Reasonably accessible to adequate public utilities, physician services, medical facilities, shopping centers and population centers where employees can be recruited.

   e. Free of flooding for the previous ten (10) year period.

   f. In compliance with all applicable local ordinances.

   g. Within the jurisdiction of a local fire authority capable of providing adequate fire fighting service.

   h. Within the jurisdiction of law enforcement.

   i. Adequate to provide on-site parking space.

2. Construction Requirements: All new construction shall comply with the requirements of the codes listed in Section C of this Division. In addition, the following minimum requirements shall be met:

   a. The building and all parts thereof shall be of sufficient strength to support all dead, live and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practices.

   b. Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot (1') below the estimated frost line. Proper bearing values for the soil shall be established in accordance with recognized standards.

   c. Footings, piers and foundation walls shall be adequately protected against deterioration from action of ground water.

d. One (1) story buildings shall be constructed of not less than one (1) hour fire-resistive construction throughout except as follows:

   1. Boiler rooms and rooms used for the storage of combustible materials shall be of two (2) hour fire-resistive noncumbustible construction.

   2. Structures built of other than noncombustible materials shall adhere to the floor area restrictions set forth in the Uniform Building Code.

e. For purposes of evacuation, the window sills of one (1) story buildings constructed of combustible materials shall not be more than six feet (6') above the adjacent ground level.

f. Buildings of more than one (1) story shall be constructed of noncumbustible materials using a structural framework of reinforced concrete or structural steel except that load-bearing masonry walls and piers may be utilized for buildings up to and including three (3) stories.

g. The fire-resistive requirements of the various building elements shall follow the requirements of the Uniform Building Code except for modifications listed below:

   1. Corridor partitions shall be one (1) hour fire-resistive construction.

   2. Walls enclosing stairways, elevators, laundry and trash chutes, and other vertical shafts, boiler rooms and areas used for storage of combustible materials shall be of a two (2) hour noncumbustible construction.

h. Interior finish of all exit ways, storage rooms and all areas of unusual fire hazard shall have a flame spread rating of less than twenty (20).

i. Interior finish of all patient rooms, day rooms and other areas occupied by patients shall have a flame spread rating of less than seventy-five (75).

j. Interior finish of other areas shall have a flame spread rating of less than seventy-five (75), except that ten per cent (10%) of the aggregate wall and ceiling areas of any space may have a flame spread rating up to two hundred (200).

k. Interior finish materials shall be classified in accordance with their flame spread rating on the basis of tests approved by the NFPA. (See definition under fire regulations.)

l. No carpet or carpet assembly will be allowed in a health care facility which has a flame spread rating of more than seventy-five (75) in accordance with ASTM-E84-61.

Section B. Plans

1. Plans for new construction or for additions or alterations to existing nursing homes shall be submitted before construction is begun to the State Department of Health for review and approval. Plans shall be submitted in two (2) stages:

   a. Preliminary drawings and outline specifications.

   b. Working drawings and construction specifications.

2. Preliminary Drawings

   a. Site plans in compliance with Section A.

   b. The preliminary plans must indicate the assignment of all spaces and the size of service areas and bedrooms. A large scale presentation shall be submitted showing fixed and movable equipment in service areas and furniture arrangment including clearances in patient bedrooms.

   c. The plans shall be drawn to a scale sufficiently large to clearly present the proposed design.

   d. The total floor area and number of beds shall be noted on the plans.

   e. The drawings shall include site topography, soil conditions and a plan for each floor including the basement or ground floor.

   f. Outline specifications shall provide a general description of the construction including exterior and interior finishes and mechanical systems.

3. Working Drawings

   a. Working drawings shall be approved by:

      1. Montana State Department of Health.

      2. Montana State Fire Marshal.

   b. Working drawings and specifications shall be well prepared so that clear distinct prints may be presented. Accurate dimensions including all necessary explanatory notes, schedules and legends shall be included.

   c. Working drawings and specifications shall be complete and adequate for contract purpose. Separate drawings shall be prepared for each of the following branches of work: architectural, mechanical and electrical.

d. Plans and specifications shall be certified by an engineer or architect licensed to practice in Montana. All new construction shall be in accordance with applicable local, state and national building codes and regulations.

e. In areas that are not subject to local or state zoning, housing and building codes shall be used as guides insofar as such recommendations are not in conflict with the standards set forth herein. Certification shall state that the plans and specifications are in accordance with regulations and standards of the Montana State Department of Health and name the national and local codes applicable.

4. Architectural drawings shall include:

a. Site plan showing all existing and new topography, existing structures on the site, new buildings and structures, roadways, walks, parking areas, utilities and structures to be removed under the construction contract.

b. Plans of each floor and roof.

c. Elevations.

d. Sections of the building.

e. Enlarged scale details as necessary.

f. Plans of foundations, floors, roofs and all intermediate levels showing a complete design with sizes, sections and the relative location of various members, schedule of beams, girders and columns.

g. Dimensions of floor levels, column centers and off-sets.

h. Dimensions of access openings and pipe sleeves unless otherwise noted.

i. Detail of all special connections, assemblies, and expansion joints.

5. Written approval for all proposed construction or existing building utilization is limited to a period of one (1) calendar year from its date of issuance and applies only to one (1) location. Reapproval must be obtained when a new site is considered.

6. All building construction shall be subject to inspection by representatives of local and state agencies.

7. Patients shall not be admitted, housed, treated or cared for in new construction until it is licensed.

8. To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval, in lieu of complete plans and specifications.

36.753
Section C. Construction Codes

1. Where there is a difference between national, state or local codes, the code having the highest standard shall prevail.

2. Compliance with applicable provisions of the following codes is mandatory:

   a. National Plumbing Code

   b. Montana Plumbing Code

   c. National Electrical Code

   d. Regulations for Food Service Establishments, Montana State Board of Health

   e. Uniform Building Code of the International Conference of Building Officials

   f. American Concrete Institute

   g. American Institute for Steel Constructors

   h. American Standard Safety Codes for Elevators, Dumb waiters and Escalators

   i. National Board of Fire Underwriters

   j. All Standards and Codes where applicable to nursing home construction as published by the National Fire Protection Association, 60 Batterymarch Station, Boston, Massachusetts.

36.754
Section D. Minimum Design Requirements

1. Administration

   a. Business office

   b. Administrator's office (may be combined with business office)

   c. Nursing director's office (in homes over forty (40) beds)

   d. Lobby or waiting room

   e. Public toilet facilities

f. Public telephones

g. Family counselling room (this is desirable)

2. Ancillary Facilities

a. Recreation and patient dining room area. Provide at least thirty-seven and one-half (37½) square feet per bed in the nursing home for recreation and patient dining. At least one (1) day room on each resident floor shall have outside window exposure equal to one-eighth (1/8) of the floor area.

b. Facilities for religious services (desirable)

c. Physical therapy services as required

d. Laundry for patients' personal use

e. Storage for occupational and recreational equipment

f. Outdoor recreation area

g. Beauty and barber shop (desirable)

3. Nursing Unit

The nursing unit should not have more than forty (40) beds. The following facilities are required for each nursing unit:

a. Patient rooms

b. Private medical isolation room with private lavatory and toilet. Incorporated private bathing facilities desirable.

c. Nurses' station: Each nurses' station shall not be located more than one hundred twenty feet (120') from the most remote room served.

d. Nurses' toilet

e. Utility room

1. Clean utility

2. Soiled utility

f. Treatment room (may serve more than one (1) nursing unit).

g. Nourishment station. (Clean utility room and nourishment station may be combined.)

h. Toilet facilities (see ratios under construction standards).

i. Bedpan facilities

j. Bathing facilities (see ratios under construction standards).

k. Stretcher and wheelchair parking area

l. Clean linen storage area

m. Equipment and supply storage

n. Janitor closet

o. Nurse call system

p. Medication area

4. Service Facilities

a. Dietary department

1. Preparation and service area: approximately ten (10) square feet, not including storage, for each patient bed recommended.

2. Refrigeration and dry storage area

3. Dishwashing room

4. Garbage and trash disposal

5. Adequate personnel dining facilities

6. Handwashing sink

7. Janitor closet

b. Laundry area

1. Clean linen facilities

2. Soiled linen facilities

c. Mechanical facilities

1. Boiler room

2. Maintenance facilities

d. Personnel toilet and locker facilities

e. Storage

1. General storage (fifteen (15) square feet per bed)

2. Patient clothes storage area accessible to patients

3. Storage for outdoor equipment

36.755
Section E. Mechanical Equipment

1. Heating System

a. The building shall be centrally heated by a hot water or steam system.

b. Boilers shall have the necessary capacity when operating at nominal rating to supply the heating system, hot water, and steam operated equipment such as sterilizers, laundry and kitchen equipment. It is recommended that an emergency stand-by boiler be provided.

c. Temperatures: It shall be possible to maintain a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in each room and occupied space when the outdoor temperature is a minus twenty degrees Fahrenheit (-20° F.) Radiators and convectors, if used, shall be provided with hand control valves except where individual room automatic control is provided.

d. Piping: Steam and hot water piping may be copper pipe and fittings, standard weight steel or iron pipe and cast iron fittings. Pipe used in heating and steam systems shall not be smaller sizes than prescribed by the latest edition of the ASHRAE Guide. The ends of all steam mains and low points in steam mains shall be dripped.

e. The heating system shall be thermostatically controlled in two (2) or more zones per wing.

f. Heating or air conditioning systems shall take at least fifteen percent (15%) of their air from the outside.

g. Corridors and exit halls shall not be used as a plenum for supply or return air to heating or air conditioning systems.

h. Coverings: Boilers and smoke breeching shall be insulated with coverings not less than one inch (1") magnesia blocks and one-half inch (½") plastic asbestos finish. All high pressure steam and return piping shall be insulated with coverings not less than the equivalent of one inch (1") four-ply asbestos coverings. Heating mains in the boiler rooms, in unheated or unexcavated spaces, where concealed, shall be insulated with covering not less than one inch (1") asbestos air cell. All other equivalent noncombustible insulation materials are acceptable.

2. Ventilation

a. Utility rooms, toilets, baths, sterilizer rooms, sterilizer equipment chambers and food storage rooms shall be provided with forced ventilation to change the air at least once every six (6) minutes.

b. Kitchens and laundries should be located on outside walls to provide natural ventilation.

c. In laundries, washers, flatwork ironers, presses and tumblers are the principal sources of heat and humidity. Separate mechanically operated supply and exhaust systems shall be provided. The outdoor air intake shall be as far removed as possible from all exhaust outlets, incinerators and boiler stacks. The air exhaust outlet shall be located so that discharge will not re-enter the laundry or other areas of the nursing home. It may be desirable to filter the air being exhausted from the soiled linen sorting room. The air supply system should be equipped with filters in accordance with the National Bureau of Standards. It is recommended that a manometer be installed across each filter bed to indicate the need for filter cleaning or replacement. The ventilation supply and exhaust fan serving each area should be electrically interlocked so that failure of either will stop the other.

d. Kitchen and laundry shall be ventilated by exhaust systems which will discharge the air above the main roof or fifty feet (50') from any window. The ventilation of these spaces shall comply with the state or local codes. If no codes govern, these areas shall be exhausted at least once every six (6) minutes with the greater part of air being taken from the flatwork ironer and range areas.

e. Oxygen storage: An oxygen storage room shall comply with the recommendations set forth in the latest edition of the NFPA Standard No. 56.

3. Incinerators

a. Incinerators are recommended for all nursing homes and are required in homes of fifty (50) beds or more.

b. Incinerators shall be gas, electric or oil fired. Design and construction of incinerators and refuse chutes shall be in accordance with Part III of the NFPA Standard No. 82.

36.756
Section F. Plumbing

1. All parts of the plumbing system shall comply with the Montana Plumbing Code and the National Plumbing Code with special reference to the following:

a. The water supply of suitable quality shall be from a safe, sanitary source, the location, construction and operation of which has the approval of the State Department of Health.

b. Water service shall be brought into the building to comply with the requirements of the local water department and the State Department of Health.

c. Supply lines shall be free of cross-connections when an alternate source is available.

d. Anti-siphonage devices shall be installed where required.

2. Hot water heating equipment shall have sufficient capacity to supply:

a. Six and one-half (6½) gallons at one hundred ten degrees Fahrenheit (110° F.) per hour per bed for kitchen, utility and patient areas.

b. An additional four (4) gallons at one hundred eighty degrees Fahrenheit (180° F.) per hour per bed for the dishwasher. A suitable booster shall be installed if necessary.

c. Four and one-half (4½) gallons at one hundred eighty degrees Fahrenheit (180° F.) per hour per bed for the laundry.

3. Plumbing fixtures which deliver hot water for patient use shall supply water which is thermostatically controlled to provide a maximum temperature of one hundred ten degrees Fahrenheit (110° F.) at the fixture.

4. The hot water storage tank or tanks shall have a capacity sufficient to meet the maximum demand.

5. Where direct fired hot water heaters are used, they shall be of an approved high-pressure type. Submerged steam heating coils shall be of copper. Storage tanks shall be of non-corrosive metal or be lined with noncorrosive material to comply with the ASME Code for pressure vessels.

6. Rain water drains

a. Leaders shall be provided to drain the water from roof areas to a point from which it cannot flow into the basement or areas around the building.

b. Where dry wells are used, they shall be located at least twenty feet (20') from the building.

7. Sanitary drainage

   a. The building drains shall be of cast iron to a point five feet (5') from the building.

   b. Soil stacks, drains, vents, waste lines and leaders shall be of copper, cast iron or steel except drain lines in back fill shall be of cast iron

8. Gas piping and appliances

   a. Gas appliances shall be approved by the American Gas Association and connected in accordance with the requirements of the company furnishing the gas.

   b. Gas piping shall be of black iron with malleable fittings.

   c. Gas outlets shall not be provided in patient bedrooms.

9. Oxygen systems

   a. Where oxygen systems are installed, the oxygen piping, outlet manifolds, manifold rooms and storage rooms shall be installed in accordance with the requirements of NFPA Standard No. 56 and 565.

   b. Oxygen lines shall be of copper tubing not lighter than type K with fittings of brass or copper installed with silver solder and test to the requirements of NFPA No. 565.

10. Insulation: Tanks and heaters, hot, cold and chilled piping shall be insulated with a noncombustible material with a vapor barrier where required.

11. Plumbing fixtures

   a. Water closets adjoining a patient area should be of a quiet operating type. They should be wall hung and have nineteen inch (19") seat height.

   b. Flush valves shall be designed with no-return stops, back-flow preventers and silencers.

   c. Lavatories used by patients shall be provided with a goose-neck spout with a discharge point a minimum distance of five inches (5") above the rim of the sink and shall be equipped with single or wrist action controls. Lavatories and sinks used by food handling personnel, nurses and doctors shall be provided with goose-neck spouts and controls not requiring the use of hands.

   d. Drinking fountains shall be recessed in alcoves in corridors or recreation areas. The fountains shall be accessible to patients in wheelchairs.

e. Sterilizers or autoclaves shall be provided and shall be of the type and necessary capacity to meet the sterilizing requirements of the home. The sterilizer shall be of recognized hospital type with approved controls and safety features.

12. All soil, waste and drain lines shall be tested by water or air tests before they are built in. A smoke or chemical test shall be applied after fixtures have been set. Water pipes shall be hydraulically tested to a pressure equal to twice the working pressure. The test shall demonstrate to the satisfaction of the State Department of Health that there are no leaks, that hot water is circulating satisfactorily, that all taps are properly vented, that there is an ample supply of hot and cold water to all fixtures, that no fixture or equipment can back-siphon and that there are no cross-flow connections. All pipes on outside walls shall be insultated to prevent freezing.

36.757
Section G. Standpipe Systems

1. The standpipe system shall be installed as required by local and state departments having jurisdiction.

36.758
Section H. Sprinkler Systems and/or Smoke Detection Systems

1. To reduce the danger from fire, automatic sprinkler systems and/or smoke detection systems shall be provided in those areas which are considered hazardous from a fire safety point of view. Such hazardous areas shall include but not be restricted to soiled linen rooms, basement corridors, woodworking shops, trash rooms, storage rooms, laundry and trash chutes. Sprinkler systems and/or smoke detection systems shall be in compliance with the requirements of the Montana State Fire Marshal.

36.759
Section I. Electrical Requirements

1. Codes

a. Electrical installations shall be in accordance with applicable local codes and regulations. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

b. The regulations of the local utility company shall govern service connections.

c. All materials shall be equal to standards established by Underwriters Laboratories, Inc.

2. Connections from the service mains, with meter connections and service switches shall be installed as required by the local utility company.

3. Separate power and light feeders shall be run from the service to the main switchboard. From there, subfeeders shall be provided to the motors and power and light distributing panels. Where there is only one (1) service feeder, separate power and light feeders from the service entrance to the switchboard will not be required.

4. Circuit breakers of dead front type fused switches shall be installed to protect all feeders and subfeeders. Motors shall be connected with breakers or fused switches.

5. Light panels shall be provided on each floor for the lighting circuits on that floor. Light panels shall be located near the load centers not more than one hundred feet (100') from the farthest outlet.

6. All occupied areas shall be adequately lighted as required by duties performed in the space.

7. Patient bedrooms shall have as a minimum, general illumination, a night light and for each bed a reading light. The switches for general illumination and night lights shall be of an approved mercury or equally quiet type, or shall be placed in the corridors. Ceiling fixtures when used shall be of a type that will not shine in the patient's eyes.

8. Suitable receptacles shall be located where plug-in service is required. Each bedroom shall have not less than three (3) duplex receptacles, with at least one (1) receptacle near the head of each bed and at each lavatory.

9. Grounding type receptacles shall be installed not more than fifty feet (50') apart in all corridors.

10. The treatment room shall be provided with at least one (1) three-pole grounding type receptacle.

11. Emergency electrical service shall provide emergency power for four (4) or more hours for lights at nursing stations, telephone switchboard, night lights, exit and corridor lights, boiler room and fire alarm system. A system test shall be conducted weekly. It is recommended an automatic transfer system be provided.

12. Each bed, bathing room and toilet room shall be furnished with a call unit which will register a signal at the corridor door and nurses' station.

13. Wiring for all systems including low voltage shall be installed in conduit.

14. All lighting fixtures, wiring and equipment shall be tested for grounded, short or open circuits and to show that all equipment operates as specified. A certificate of approval of the electrical installation of the home shall be issued by the inspector having jurisdiction and shall be furnished the State Department of Health. This certificate shall indicate that the electrical installation in the home complies with local codes and the National Electric Code.

36.760
Section J. Elevators and Dumb Waiters

1. Elevators and dumb waiters shall comply with all local and state codes, the American Standard Safety Codes for Elevators, the National Board of Fire Underwriters and the National Electrical Code.

2. Elevators shall be installed in the home if the patient bedrooms are located on floors above the street level. Passenger elevators shall have platform size of not less than five feet four inches by eight feet (5' 4" x 8'), door opening not less than three feet ten inches (3' 10").

36.761
Section K. Fire Protection Facilities

1. Fire protection facilities shall comply with the 1966 edition NFPA Life Safety Code 101.

36.762
Section L. Nursing Facilities

1. Nurses' Station:

   a. Each floor on which patients are housed shall have a nurses' station. The nurses' station should be adequate in size to accommodate such equipment as charting desk and chairs, chart rack, nurse call system, telephone and storage cabinets for supplies.

   b. Each nurses' station shall have a medicine room adjacent to it or a medicine preparation area containing well-lighted, locked medicine preparation cabinets for the storage of patient medications. These cabinets shall be equipped with special locked compartments or drawers for the storage of narcotics, barbiturates and similar drugs. The medicine room or the nurses' station should have a small refrigerator for pharmaceuticals requiring refrigeration.

   c. A sink with hot and cold running water shall be provided in the nurses' station.

2. Utility Rooms:

   a. Each nursing unit where patients are housed shall have a clean and soiled utility room.

      1. The soiled utility room shall be equipped for the proper cleaning and sanitizing of bed pans. It shall have a suitable sink for cleaning equipment and a storage area. A receptacle for soiled linen and a sanitary self-closing waste receptacle should be located in this area.

      2. The clean utility room should contain a suitable sink, work space and storage area. This area can also serve as a nourishment center and a storage area for the clean linen supply. The instrument sterilizer may be in this area.

3. Examining and/or Treatment Room:

   a. A special room shall be provided for examinations, treatments and other therapeutic procedures.

   b. This room shall be equipped with a treatment table, lavatory with other than hand controls, instrument table, necessary instruments and supplies and a high intensity examining light.

36.763
Section M. Patient Rooms

1. Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

2. Each multiple-bed room shall have at least eighty (80) square feet net usable floor area for each bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum distance between each bed and two feet (2') between the bed and the wall.

3. Patient beds shall not be placed in hallways or any area other than approved bedrooms.

4. Wardrobe space shall be provided and shall have minimum clear dimensions twenty-two (22") deep by twenty inches (20") wide with full length hanging space and a clothes rod and shelf.

5. No patient bedroom shall have more than four (4) beds. No patient bed shall be more than one (1) bed removed from an outside window. No more than two (2) beds per patient room is recommended.

6. At least two (2) single rooms with private toilets shall be provided in each forty (40) bed unit for purposes of medical isolation. Bathing facilities shall be provided in at least one (1) of these.

7. Window areas shall be equal to one-eighth (1/8) of the floor area of the room. Sill height shall not exceed three feet (3') above the floor. Thirty inches (30") is recommended.

8. Every patient room shall have a lavatory. Lavatories for patient use shall be supported on brackets to accommodate wheelchairs. A toilet room accessible from two (2) adjacent and adjoining patient rooms is acceptable. Toilet rooms shall be of sufficient size to permit movement of wheelchairs.

9. Every patient room shall have direct access to the corridor and outside exposure. No part of any room shall be enclosed or subdivided unless it can be separately lighted and ventilated.

10. In multiple-bed rooms, each bed shall be provided with a flame-resistant cubicle curtain or built-in device for privacy.

11. No patient room shall be located on any floor which is below grade level.

12. Mirrors shall be arranged for the convenience of patients in wheelchairs as well as for patients in a standing position.

36.764
Section N. Bathroom and Toilet Facilities:

1. If centralized toilets are provided, a toilet room for each sex at the ratio of one (1) water closet to eight (8) beds will be required. Appropriate grab bars shall be provided at each water closet. There shall be a toilet in an area of at least five by six feet (5' x 6') to permit toilet training. Door handle on water closet enclosures shall be operable from the outside.

2. One (1) shower or bathtub for each ten (10) beds not otherwise served is required. There shall be at least one (1) bathtub or shower in each nursing unit. Each bathtub or shower enclosure shall provide space for the use of the bathing fixture, for dressing and for a wheelchair and attendant. Grab bars shall be provided at all bathing fixtures. Showers shall not be less than four (4) feet square, without curbs and designed to permit use from a wheelchair. All controls shall be within convenient reach of the attendant.

3. All bathtubs and showers shall be provided with slip-proof mats or strips.

36.765
Section O. Doors, Corridors, Ramps, Stairways

1. All doors through which patients will pass shall be a minimum of three feet eight inches (3' 8") wide. All doors opening off the corridor shall be of solid wood or metal having a one (1) hour fire resistive rating. No doors shall swing into the corridor except closet doors.

2. Doors at least three feet (3') wide will be permitted at individual toilets connecting with patient bedrooms.

3. All doors to patient toilets or bathrooms shall swing out.

4. Doors other than those leading into the corridors may be a hollow core type.

5. Thresholds of interior doorways shall be flush.

6. Dutch doors may be used if the sections are interconnected to prevent the bottom half from opening when the top half is closed. This is the only type of door approved for the temporary restraint of mentally disturbed patients in a room. Not more than one (1) dutch door equipped with restrictive devices shall be allowed for each ten (10) rooms.

7. Corridors used by patients shall be at least eight feet (8') wide. A greater width shall be provided at elevator entrances.

8. Handrails equipped with returns shall be installed on both sides of corridors used by patients.

9. Ramps shall be a minimum of three feet eight inches (3' 8") clear width and shall have slopes which do not exceed one inch (1") of fall per foot of length and shall be equipped with approved handrails or bannisters sturdily mounted. The width shall be measured between handrails or bannisters where they project more than three and one-half inches (3½"). Nonslip treads shall be provided.

10. Stairways shall be not less than three feet eight inches (3' 8") wide measured between handrails where they project more than three and one-half inches (3½"). Nonslip treads shall be provided.

11. Telephone alcoves shall be a minimum of four (4) square feet. The phone shall be located at a level convenient for patients in wheelchairs. Doors to telephone alcoves are not recommended.

36.766
Section P. Kitchen

1. The nursing home shall provide a kitchen properly located for efficient food service, large enough to accommodate the

equipment and personnel needed to prepare and serve the number of meals required.

2. The kitchen area should be approximately ten (10) square feet, not including storage, for each patient bed whether the beds are in the same building or not.

3. The kitchen shall be located convenient to the dining room, patient rooms and service entrance. The location should prevent all traffic except that necessary for receiving, preparing and serving of food.

4. Walls and ceilings of food preparation and service areas shall be finished with a washable surface.

5. Floors in receiving, preparation and service areas and dishwashing rooms shall be of smooth, nonabsorbent materials. Floor construction shall permit easy cleaning.

6. There shall be adequate artificial light available for all work surfaces.

7. Electrical systems shall be of sufficient capacity to supply initial equipment and to permit additions as needed.

8. A suitable layout of equipment shall be provided to permit convenient operation, healthful working conditions, good sanitation and control of heat, noise and odors.

36.767
Section Q. Laundry

1. Laundry facilities shall be arranged to provide physical separation of clean and dirty areas. It is recommended that the facility install washer extractors with doors on each side. This washer extractor is designed for installation in a wall between the soiled and clean operation with the equipment and loading door of the washer extractor located on the opposite side of the wall in the clean area.

2. The laundry equipment shall be designed and installed to comply with all local and state codes. Washer extractor, tumbler and ironer shall be provided with all safety devices and meet sanitary requirements. Sprinklers shall be provided if the equipment is gas-fired.

3. Washers shall have a combined rating capacity of not less than twelve (12) pounds of dry laundry per day per patient bed when operating not more than forty (40) hours per week. If a standby washer is not available, arrangements shall be made with outside or commercial laundries for service.

4. There shall be a tumbler with a rated capacity equal to twenty-five percent (25%) of the washers when operating forty (40) hours a week.

5. There shall be an extractor with a daily capacity equal to that given in No. 3 on the previous page for the washers.

6. A flat work ironer with a capacity equal to seventy percent (70%) of the washer capacity when operating forty (40) hours per week shall be provided.

7. Laundry facilities must be so located that it is not necessary to pass through a kitchen, bedroom or toilet room in order to reach the laundry.

8. Laundry facilities shall not be located in areas that are used by patients.

9. When laundry chutes are used, they shall have a minimum diameter of two feet (2') and be constructed of two (2) hour fire-resistive material, separated from the corridor in a room or closet of not less than one (1) hour fire resistive construction. The entrance doors to such rooms or closets shall be a Class "B" one (1) hour fire door. Chutes shall terminate or discharge directly into a linen collection room separated from the incinerator or laundry and shall be equipped with flushing ring and be vented to the outside atmosphere with a floor drain at the point of discharge. An automatic sprinkler shall be provided at the top of the chute and at the discharge point.

10. The following facilities shall be provided when the laundry is done commercially:

    a. Adequate space for sorting, processing and storing soiled linen.

    b. Storage space located to facilitate convenient pickup and deliveries.

    c. Separate storage facilities for clean linen.

36.768
Section R. Ceiling Heights and Insulation

1. The minimum ceiling height shall be eight feet (8') except in the following areas:

    a. Boiler room - not less than thirty inches (30") above the main boiler header and connecting piping.

    b. Laundry - not less than ten feet (10').

    c. Kitchen - not less than ten feet (10').

2. Ceilings of boiler rooms, kitchens and laundries shall be insulated and ventilated where the floor above them is to be used.

Section S. Finishes

1. Floors and Base

   a. Floors and base of the following areas shall have a smooth, easily-cleaned, moisture-resistant, resilient flooring or ceramic flooring:

      1. Toilets
      2. Baths
      3. Food Storage
      4. Utility Rooms
      5. Treatment Rooms
      6. Janitor Closets
      7. Dining Rooms
      8. Recreation Rooms
      9. Patient Rooms

   b. The floors of all food preparation areas shall be water-proof, grease-proof, smooth and resistant to heavy wear.

   c. Carpeting may be installed in specified areas upon approval of the State Department of Health.

2. Walls

   a. All walls shall have a smooth washable finish, free from cracks or spaces which may harbor vermin.

   b. All walls of high moisture areas shall have water-proof finishes.

3. Ceilings

   a. Ceilings shall be capable of being kept clean.

   b. Ceilings of corridors, in patient areas and nurses' stations shall be acoustically treated with non-combustible material.

4. Wainscot

   a. Wainscot of appropriate material is recommended in all rooms and corridors for protection of walls against damage caused by wheelchairs, stretchers and carts.

When any major remodeling or construction is contemplated involving major additions or major alterations which would upset the functional operation of the facility, complete plans and specifications must be submitted to the Department of Health for approval prior to starting construction. The New Construction Standards will be applicable. The entire proposed completed unit shall function adequately, otherwise licensure of the entire unit may be denied.

To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval in lieu of complete plans and specifications. If these minor alterations do not exceed $1,000, no advance approval by the Department of Health is necessary.

Any unauthorized construction may jeopardize the license of the entire facility. If it is found on inspection that it does not meet general health, safety, or other appropriate standards or regulations, the license may be refused for the entire facility.

REGULATION 37.

PERSONAL CARE HOME

A Personal Care Home is one that provides personal care and services in addition to food, shelter, and laundry to individuals who are not in need of skilled nursing care. Personal services include help in feeding, walking, getting in or out of bed, dressing, washing, shaving, care of hair, bathing, preparation of modified diets and supervision of medications.

All medications must be prescribed by a physician or dentist. It is required that residents of personal care homes be able to administer their own medications. Licensed nursing personnel may administer medications to residents. In the absence of a licensed professional person, staff responsibility is limited to supervision only. Supervision of medications shall mean that since the medicines shall be self-administered by the residents, the staff will be required only to remind the resident to take his medications and to observe and record this activity.

Personal care homes are primarily socially oriented. Services shall include an organized program of recreational and/or occupational activities. Residents shall be encouraged to be active, to develop techniques for self-help, and be stimulated to develop hobbies and interests.

The administrator shall be responsible for neither admitting nor continuing to care for residents whose condition indicates the need for a type of service and care that is not available in the home. No resident shall remain in the home who requires skilled nursing care.

Residents in personal care homes must be able to participate and cooperate in performing their normal activities of daily living even though they need some assistance. If they are not ambulatory, they must be able to spend most of every day up and dressed. Mental retardates and senile cases manifesting only mild memory changes and only slight confusion and whose needs are limited as defined above may be admitted. The needs of the residents in personal care homes must not be greater than the provision of shelter, meals, laundry and assistance with personal services and supervision of medications.

37.100
DIVISION I. ADMINISTRATIVE ORGANIZATION

37.101
Section A. Organization

1. The personal care home shall be organized under a governing authority which assumes full legal responsibility for the over-all conduct of the facility and which is responsible for the compliance with applicable laws and regulations of legally authorized agencies. The governing authority may be a proprietorship, partnership, association, corporation or governmental unit.

2. The governing authority shall appoint an administrator who is qualified by training or experience and delegate to him the internal operation of the facility in accordance with established policies.

   a. The administrator shall be at least twenty-one (21) years of age, capable of making mature judgments and have no mental or physical disabilities or personality disturbances which interfere with carrying out his responsibilities.

   b. The administrator should have a minimum of a high school education, have completed courses in administration or management and have had at least one (1) year of work experience in a health facility. All persons in a supervisory position shall be twenty-one (21) years of age or over. The administrator shall not leave the premises day or night without delegating the administrative responsibility to a competent person twenty-one (21) years of age or older.

3. The administrator shall make available for inspection by the Board on request the quarterly report of paid employees as compiled for Social Security.

37.102
Section B. Personnel Policies and Records

1. There are written personnel policies, practices and procedures that adequately support sound patient care.

   a. Each employee shall furnish acceptable evidence of freedom from active pulmonary tuberculosis at the time of employment and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray. A pre-employment and annual complete physical examination is recommended.

   b. Hours of work, vacation time, pay and allowances, and duties of the employee be established.

c. Persons employed in the home shall have sufficient experience or qualifications to perform the type of work for which they are employed.

d. All persons employed in the home shall be of good physical and mental health, not habitual users of narcotics, drugs or alcohol.

e. No person with a communicable, contagious or infectious disease shall be employed in the home.

f. Any person showing signs of upper respiratory infection or other communicable, contagious or infectious disease shall be excluded from work until symptom free.

g. No employee shall resume work after using the toilet without first washing his hands with soap under hot and cold running water, and drying with an individual towel. Hand washing signs shall be posted in toilet rooms and lavatories used by employees. Dishwashing sinks shall not be used for handwashing purposes.

h. Any person having responsibility for the care of residents shall be mentally and physically capable and at least eighteen (18) years of age. The only exception to the age limitation shall be aides sixteen (16) to eighteen (18) years of age if they work at all times under direct supervision.

2. Personnel records shall contain the following information:

a. Name, current address, and telephone number

b. Social Security number

c. Date of birth

d. References

e. Work experience

f. Qualifications and education

g. Results of any employment physical examination, including certification by a physician of freedom from active pulmonary tuberculosis

h. Date of employment

i. Position (type of work and hours on duty each day)

j. Date of termination of employment

k. Reason for discharge or resignation

3. Daily work schedules of employees shall be kept in writing for the previous three (3) months' period showing the personnel on duty at any given time.

4. A record shall be kept of all accidents to employees sustained in the course of employment in accordance with the regulations established by the Industrial Accident Board.

5. Required Staffing

   a. There shall be at all times a responsible person immediately available to the residents.

   b. At all times there shall be sufficient personnel to provide the necessary resident care and maintenance.

   c. There shall be, at least, one staff person up and dressed during the night capable of rendering service to the residents.

   d. Separate buildings, or cottages, on the same grounds used by the same facility will not be licensed in this classification unless adequate personnel are available at all times in these separate buildings and/or cottages to assure proper care of the residents.

37.103
Section C. Admission, Transfer, and Discharge

1. Administrator of the personal care home shall be responsible for exercising discretion in the type of resident admitted to the facility. He shall not accept applicants for whom care cannot be provided in keeping with the applicant's mental or physical condition.

2. No home shall admit more residents than the number of beds stipulated on the license.

3. The administrator shall require that each applicant furnish certification of freedom from active pulmonary tuberculosis at the time of admission and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray.

4. The administrator should encourage a physical examination of all applicants immediately prior to admission.

5. Persons requiring skilled nursing care shall not be admitted to personal care homes. Residents acquiring conditions after admission that require hospitalization, skilled nursing care or administered medications shall be promptly transferred to the appropriate facility.

6. No woman requiring prenatal or maternity care shall be admitted to or retained in a personal care home.

7. Children under sixteen (16) years of age may be admitted to the personal care home if appropriate facilities and program are provided.

8. A home shall not accept or keep residents who are destructive of property, themselves, or others, or who have symptoms of mental or emotional problems. A home may take care of mildly confused persons not requiring constant supervision.

9. If a resident becomes disturbed and unmanageable, proceedings shall be initiated immediately for the transfer of the resident from the home to the proper facility.

10. A personal care home shall not refuse to discharge or transfer a resident when the physician, family, resident, or sponsor requests this discharge or transfer.

11. The family or sponsors shall be notified promptly when the resident is removed from the personal care home.

12. The home shall have a signed agreement with each resident or sponsor covering all necessary arrangements should it be necessary to effect a transfer.

13. All personal property belonging to a resident must be returned to him on transfer or discharge.

37.104
Section D. Miscellaneous Policies

1. Visiting hours

   a. Personal care homes shall have convenient daily visiting hours both day and evening. The hours shall be prominently posted in plain view of visitors.

   b. Spiritual advisors shall be permitted to visit residents at all reasonable hours. Privacy during these visits shall be the privilege of every resident.

   c. Each resident shall be privileged to have privacy with his visitors, physician, and other persons who have responsibility for his welfare.

2. Each facility shall have at least one (1) non-coin operated telephone which is accessible at all times in case of an emergency. Residents shall have access to a telephone at a convenient location within the building.

3. The individual in charge of each work shift shall have in his possession keys to all doors.

4. Smoking shall be permitted only in those areas authorized by the fire codes and/or the fire marshal.

5. Residents shall not be permitted to smoke in bed unless a responsible individual is present.

6. Pets will be allowed only in recreational areas or in the residents' rooms, and then only if restricted to a cage or container.

7. Residents sharing a bedroom shall be of the same sex except the case of a room occupied by a husband and wife or children under age six (6).

8. Residents of one sex shall not pass through a bedroom occupied by a member of the opposite sex to reach a bathroom, living room, dining room, corridor or similar area.

9. There shall be a written agreement between the home and each resident or sponsor pertaining to cost of care, type of care, and services provided and means of notifying the responsible party of significant changes in a resident's condition.

10. Residents shall receive their mail unopened. Outgoing mail written by residents shall not be censored.

11. Failure to return valuables to a resident or his sponsor at the time of discharge, transfer, or death, or to refund the unused balance of a resident's personal account, or making purchase on his account without the resident's consent or that of his sponsor constitutes misappropriation of property.

12. Prompt investigation of the cause of any accident involving a resident or an employee shall be instituted by the administration. Corrective measures indicated shall be adopted. A careful record shall be kept of all accidents.

13. A resident shall be permitted to leave the premises unless good cause can be shown for refusing such permission.

14. The home shall provide a program of recreational and social activities.

15. The home shall make adequate provisions for identification of resident's personal property and for safekeeping of valuables.

16. Administrators shall assume the responsibility for seeing that each resident has an adequate supply of presentable clothing.

17. No part of a premise licensed as a personal care home shall be utilized for any purpose other than the operation of the home as defined by these regulations.

18. The physician shall be called at any indication of physical or mental illness of a resident.

37.150
DIVISION II. MEDICAL SERVICES

37.151
Section A. Medical Care Policies

1. The administrator should require physical examination of all applicants immediately prior to admission.

2. Every resident in the personal care home is entitled to services of a physician licensed to practice medicine in Montana.

3. The resident or the sponsor acting in his behalf shall be permitted free choice of a physician. This physician shall be allowed to visit the resident as he deems necessary to assure adequate medical care.

4. The administrator shall arrange to secure a physician or effect hospitalization promptly as needed.

5. A physician shall be called at the onset of any physical or mental illness.

6. Arrangements shall be made with a physician to be available for emergencies in the home in the event the resident's own physician cannot be reached.

37.200
DIVISION III. PERSONAL CARE SERVICES

37.201
Section A. Responsibilities of the Person in Charge

1. Supervision of all individuals giving personal care to the residents.

2. Daily observation of each resident.

3. Insuring that a record is kept of all pertinent facts concerning the resident's condition. A record of the details of any accident to a resident within or without the home shall be made.

4. Calling a physician when considered necessary.

5. Planning the daily program of personal care for residents and assigning duties to employees according to their capabilities.

6. Notification of the dietary department of changes in therapeutic diet orders or dietary needs. Encourage all residents to eat in the dining room. Insure that residents who need help with eating receive the necessary assistance and provide adaptive self-help devices as indicated. Observe the food and fluid intake and output of residents, reporting persistant unresolved problems to the resident's physician.

7. Maintain the physical, emotional and social well being of the resident. Arrange for services by members of the clergy for those unable to leave the home.

37.202
Section B. Resident Cleanliness

1. Each resident shall be given daily personal attention and care as needed to maintain his person in a clean, well-groomed condition. Each person shall have not less than one (1) complete bath a week and additional baths as necessary for personal hygiene; shampoos as necessary to maintain hair and scalp in clean condition; shaves as necessary to keep male patients well groomed.

2. Each resident shall have a clean room, bed, bedlinen and clothing. Clothing and bedding shall be changed immediately if soiled, and kept clean and free of odors. Soiled linen and clothing should be removed immediately from the resident areas. Rubber and plastic sheets shall be cleaned often to prevent offensive odors. All utensils used in the personal care of the resident shall be kept clean and odor free.

3. Residents shall be encouraged to be dressed and up and about as much of the day as possible.

37.203
Section C. Restraints

1. Restraints shall be applied only as a last resort to prevent the resident who is mentally disturbed or unmanageable from harming himself or others, and then only for such time as to effect transfer of the resident to the proper facility. The form of restraint used shall not be painful to or in any way physically harm the resident.

2. When it becomes necessary to apply restraints, the resident's physician shall be notified immediately.

3. Residents shall not be kept behind locked doors except as specified in Division 37.550 (Division X), Section 37.552 (Section B), No. 15, or Division 37.600 (Division XI), Section 37.615 (Section O), No. 6.

37.250
DIVISION IV. RECORDS AND REPORTS

37.251
Section A. Records

1. In the event of change in the management of the personal care home all resident records shall remain the property of the facility. These shall be kept in the home at all times and available to the staff.

2. Each resident record shall be composed of the following:

   a. Admission record, including date of admission and discharge, name and address of resident, birth date, marital status, financial responsibility, church affiliation, telephone number and address of physician and of person to be notified in an emergency.

   b. Record of any physical examination including disabilities and certification by a physician of freedom from active pulmonary tuberculosis.

   c. A care record including date and dosage of each medication taken, date and time of physician's visit and record of all facts concerning the resident's condition.

   d. In the case of death the required report shall include:

      1. Date and time of death

      2. Immediate cause of death

      3. Physician's signature

      4. Name and address of next of kin or sponsor notified

      5. Signature of mortician removing the body

   e. Incident reports shall be kept of all accidents to include:

      1. Name and address of resident

      2. Resumé and cause of accident

      3. Injuries sustained from accident

      4. Time physician notified

   f. All information contained in the resident's record is confidential and is available only to authorized persons.

3. All resident records shall be retained for five (5) years after the last discharge date or until age twenty-six (26)

of the resident, whichever is longer. In the event of death, records shall be kept for five (5) years after proof of death.

4. Prior to destroying any record, a summary card must be prepared containing the name of the resident; age; date of birth, admission and discharge; diagnosis; name of attending physician and next of kin or sponsor. The summary card shall be a permanent record of the facility.

5. Provision shall be made for the safe storage of all records required by these regulations. All records shall be checked for completeness prior to filing.

6. All reports and records shall be available to authorized persons of the Department having legal responsibility pertaining to the licensing of personal care homes.

37.252
Section B. Reports

1. An annual report shall be submitted for the preceding calendar year's operation before January 31 on forms provided by the State Department of Health.

2. There shall be strict compliance with the rules and regulations of the Department for reportable diseases.

37.300
DIVISION V. DRUG SERVICES

37.301
Section A. Medications

1. Medications shall be self-administered or by a licensed professional nurse.

2. Staff responsibility shall be to remind the resident to take his medicine and to observe and record this activity.

3. Stocking of drugs is prohibited.

4. Provision must be made for safe storage of all medications.

5. a. The label of all drugs available to residents of the home shall fully comply with the requirements of Federal and State statutes and rules of regulations of the Montana State Board of Pharmacy and shall indicate:

    1. Complete name of resident

    2. Name of prescribing physician

    3. Quantity of medication dispensed

    4. Directions for administration

    5. Prescription number and date of issue

    6. Expiration dat of drug (if any)

    7. Name and strength of drug

    8. Pharmacy name and address

    9. Proper accessory labels shall be affixed when applicable.

   b. All pharmaceutical containers having soiled or otherwise damaged or illegible labels should be returned to the pharmacy for relabeling.

6. All prescribed medications are the property of the resident. Unused, outdated and discontinued medication should be disposed of. In case of death, unused medications shall not be retained in the home or given to any other resident. Unused narcotic prescriptions shall be returned to the dispenser or to the Bureau of Narcotics. (Reference: United States Treasury Department Joint Regulations of the Bureau of Narcotics and Internal Revenue Service, Regulation No. 5, Revised October, 1964, page 48.) All other prescriptions shall be destroyed by the administrator or his agent. An appropriate notation of disposition giving quantity, description of drug and prescription number shall be noted on the resident's record and signed by the person disposing of the medication.

7. All bleaches, detergents and disinfectants shall be kept separate from medicines and foods.

37.350
DIVISION VI. DIETARY SERVICES

37.351
Section A. Nutritional Requirements

1. Food served meets the nutritional needs of the residents in accordance with physicians' orders and to the extent medically possible meets the dietary recommendations of the Food and Nutrition Board of the National Research Council adjusted for age, sex and activity. The following daily guide is based on these allowances:

   a. Milk - Two (2) or more cups served as beverage or used in cooking.

   b. Meat Group - Two (2) or more servings meat, fish, poultry, eggs, cheese, with dry beans, peas, nuts as alternates.

   c. Vegetable and Fruit Group - Four (4) or more servings.

      1. A citrus fruit or other fruit and vegetable important for vitamin C.

      2. A dark green or deep yellow vegetable for vitamin A, at least every other day.

      3. Other vegetables and fruits including potatoes.

   d. Bread and Cereal Group - Four (4) or more servings of whole grain, enriched or restored.

   e. Other foods to round out meals and snacks to satisfy individual appetites and provide additional calories.

2. All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption.

3. At least three (3) meals are served daily, at regular times with not more than a fourteen (14) hour span between a nutritious evening meal and breakfast.

4. If a four (4) or five (5) meal plan is in effect, the nutritional value provided is equivalent to the guide described.

5. Therapeutic diets are prepared and served as prescribed by the attending physician under the supervision or consultation of a qualified dietitian.

6. A current diet manual shall be available to food service and other personnel concerned.

7. Personnel responsible for therapeutic diets should have received instruction in food values adequate to make appropriate substitutions when necessary.

37.352
Section B. Food Service

1. Menus are written at least one (1) week in advance. The current menu is in one (1) or more accessible places in the dietary department for easy use by persons purchasing, preparing and serving food.

2. Records of menus as served are filed and maintained for thirty (30) days and may be reviewed by authorized persons.

3. Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period are maintained on the premises.

4. Methods of food preparation used conserve nutritive value, flavor and appearance.

5. A file of tested recipes adjusted to appropriate yield is maintained.

6. Food is cut, chopped or ground to meet individual needs.

7. Effective procedures are established to provide and maintain food at proper serving temperatures.

8. Table service is provided for all who can and will eat at a table. Tables should be of proper design to accommodate residents in wheelchairs.

9. Table and tray service shall be attractive with plastic or china dishes or sectioned plastic trays free of cracks, chips and stains.

37.400
DIVISION VII. MAINTENANCE, HOUSEKEEPING AND SANITATION

37.401
Section A. Maintenance

1. Every home shall have an effective maintenance program and necessary staff to:

   a. Keep the building in good repair and free of hazards such as cracks in floors, walls or ceilings, warped or loose boards, broken, loose or cracked floor coverings, loose handrails or railings, loose or broken window panes, and similar hazards.

   b. Keep all electrical, mechanical, water supply, fire protection and sewage disposal systems in a safe, functioning condition. Electrical cords, outlets, switches and appliances shall be maintained in a safe condition.

   c. Keep all plumbing fixtures in good repair, properly functioning and provided with protections to prevent contamination from entering the water supply.

   d. Inspect the heating system regularly and make all necessary repairs to maintain it in a safe, functioning condition.

   e. Maintain interior and exterior of the building as needed to keep it reasonably attractive. Loose, cracked or peeling wall paper or paint shall be promptly replaced or repaired to provide a satisfactory finish.

   f. Keep all furniture and furnishings attractive and in good repair.

   g. Keep the grounds and other buildings in a safe, sanitary and presentable condition. Grounds shall be kept free of insect and rodent breeding areas.

37.402
Section B. Housekeeping

1. Every home shall have an effective housekeeping program and necessary staff to:

   a. Maintain the building in a clean, safe and orderly condition using accepted practices and procedures.

   b. Keep all rooms and corridors clean and arranged in an orderly fashion. This includes food preparation, storage and serving areas.

   c. Keep floors clean, slip proof, free from throw or scatter rugs and other tripping hazards.

d. Control odors by cleanliness and proper ventilation. Deodorant shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.

e. Keep storage areas, attics, basements and similar areas free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment and similar items.

f. Keep the home free of unnecessary accumulations of equipment and supplies including possessions of residents and staff.

g. Prohibit use of bathtubs, shower stalls, or lavatories for laundering, janitorial or storage purposes.

37.403
Section C. Food Handling Sanitation

1. Every home shall substantiallv comply with the Regulation for Food Service Establishments of the Division of Environmental Sanitation as adopted January 1, 1966, by the Montana State Board of Health.

2. All food, while being stored, prepared, displayed, served or transported, shall be protected against contamination from dust, flies, rodents and other vermin. It shall be protected from unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage.

3. Food handling personnel shall be trained in basic food sanitation techniques.

4. Clothing worn shall be clean and easily washable. To cover hair completely, hair nets must be worn by women and paper or cloth caps must be worn by men.

5. Anyone showing evidence of an infection shall be excluded from duty.

6. Adequate handwashing facilities including hot and cold water, dispensable soap and individual paper towels shall be provided within the kitchen area.

7. There shall be an adequate supply of dishes, glassware and silverware of a satisfactory type to serve all residents in the home one meal.

8. All perishable food shall be stored at safe temperatures (forty-five degrees Fahrenheit (45° F.) or below). Cooked foods being held for serving later shall be maintained at a temperature of one hundred forty degrees Fahrenheit (140° F.) or higher. These temperatures will be maintained except during necessary periods of preparation and service.

9. All staple foods shall be stored on racks or shelves off the floor in a ventilated room and protected from contamination.

10. All garbage not mechanically disposed of shall be kept in suitable containers pending removal. All cans, trash and other waste materials shall be stored in a covered container. The garbage and trash shall be removed from the premises as frequently as necessary to prevent nuisance and unsightliness.

11. Effective procedures for cleaning all equipment and work areas shall be followed consistently.

12. A three-compartment sink shall be provided and used for manual washing and sanitizing of equipment and utensils.

13. All tableware washed by spray-type machine shall be washed with water at a temperature of one hundred forty to one hundred sixty degrees Fahrenheit (140°-160° F.) and rinsed by clean water of at least one hundred eighty degrees Fahrenheit (180° F.).

14. All tableware shall be allowed to air dry. No drying cloths shall be used.

15. All dishes, silverware and cooking utensils shall be stored above the floor in a clean, dry place protected from flies, splash, dust and other contaminants.

16. The kitchen shall be located so it will not be used as a passageway by residents or non-food handling staff.

17. Space in the kitchen should not be used for serving meals to either residents or staff, including food service staff.

18. None of the operations connected with food preparation shall be conducted in a room used for living, sleeping or laundry purposes.

19. The use of tobacco shall be prohibited in food preparation areas.

20. All poisonous compounds shall be used with extreme caution and compounds harmless to humans should be substituted whenever possible. Poisonous compounds shall not be stored in food preparation areas.

37.404
Section D. Laundry Service

1. Unless a commercial laundry service is used, clean and soiled laundry operations shall be functionally separate in an adequately equipped laundry area.

2. The minimum temperature of water used in the laundry shall be one hundred eighty degrees Fahrenheit (180° F.).

3. Linen shall be dried in equipment which utilizes a high drying temperature.

4. Storage of soiled linen should be arranged to prevent odors in the home. Suitable containers shall be provided for all soiled linen. Bagging is recommended.

37.405
Section E. Garbage Disposal

1. All garbage shall be stored and disposed of in a manner that will not permit the transmission of contagious disease, create a nuisance, or provide a breeding place for flies.

2. All containers for garbage should be watertight, have tight fitting covers and be rodent proof. Containers shall be thoroughly scrubbed.

37.450
DIVISION VIII. WATER SUPPLY AND SEWERAGE DISPOSAL

37.451
Section A. Water Supply

1. The home shall be served by water from a public water supply when available.

2. If a public water supply is not available, a private water supply may be utilized, if approved by the Department. The water supply shall be in accordance with the Sanitary Code of the Montana State Department of Health.

3. The water supply shall be adequate in quantity and quality and delivered under sufficient pressure.

4. Plans for any private water supply must be reviewed and approved by the Department before construction is started.

37.452
Section B. Sewerage System

1. All sewage and liquid waste shall be disposed of in the public sewerage system, when available.

2. If a public sewerage system is not available, sewerage and liquid waste shall be collected, treated and disposed of in private treatment facilities, the construction, maintenance, and operation of which must be approved by the Department of Health.

3. Plans for any proposed disposal system must be approved by the Department before construction is started.

37.500
DIVISION IX. FURNISHINGS, EQUIPMENT AND SUPPLIES

37.501
Section A. Furnishings

1. Living rooms for resident use shall be provided with a sufficient number of reading lamps, tables, chairs and sofas of satisfactory design.

2. Each bed shall be provided with satisfactory springs in good repair and a clean, firm comfortable mattress standard in size for the bed. Each bed shall have at least one comfortable pillow. There shall be additional pillows available in the facility to serve all needs.

3. Mattresses and pillows shall be kept clean, dry and in good repair.

4. Each resident shall have a bedside table or its equivalent with a drawer and a washable top.

5. There shall be an individual towel rack.

6. A comfortable chair shall be provided for each resident in his room.

7. Each resident shall be provided with adequate private drawer and wardrobe or closet space in his room for clothing.

8. A satisfactory reading lamp or equivalent shall be provided for each resident.

9. Each bedroom shall have a mirror.

10. Each bedroom shall have clean, flame-resistant window shades or equivalent in good repair.

11. Dining room furnishings shall be well constructed and of satisfactory design. Tables shall be of a type that can be used by persons in wheelchairs.

37.502
Section B. Equipment and Supplies

1. A call system shall be provided within easy reach of each resident bed.

2. There shall be flame-resistant cubicle curtains in each multiple-bed room to insure privacy for residents.

3. There shall be a sufficient quantity of equipment properly maintained to care for resident needs.

4. Linen:

   a. There shall be an adequate supply of linen and other bedding.

   b. A moisture proof mattress cover and mattress pad shall be provided for all beds.

   c. A supply of sheets and pillowcases shall be available so that changes may be made as often as necessary to keep beds clean, dry and free of odors. At least two (2) sheets and one (1) pillowcase shall be furnished each week.

   d. Sufficient lightweight blankets shall be provided to assure warmth for each resident, shall be available as needed and laundered as often as necessary to assure cleanliness and freedom from odors.

   e. There shall be a clean washable spread for each bed.

   f. Residents shall be supplied at all times with a clean bath towel and washcloth which shall be changed at least two (2) times a week.

   g. Towels for common use shall not be permitted.

5. Adequate and convenient storage space shall be provided on each floor for all linens, pillows and bedding.

6. There shall be cleaning equipment properly maintained and in sufficient quantity to meet the housekeeping needs of the home.

7. There shall be a paper towel dispenser at each lavatory with an available supply of dispensable soap.

8. Following the discharge of any resident, all equipment including beds shall be thoroughly cleaned and sanitized.

37.550
DIVISION X. BUILDINGS AND GROUNDS - EXISTING PERSONAL CARE HOMES

37.551
Section A. Location

1. Every home located within the corporate limits of a municipality shall comply with all local ordinances.

2. Every home located outside the corporate limits of a municipality shall have fire and law enforcement protection.

37.552
Section B. Building-General

Every existing home shall meet the following requirements:

1. Be structurally sound, clean, sanitary and in good repair.

2. Floors and base of the following areas shall have smooth easily cleaned, moisture resistant, resilient flooring or ceramic flooring: Toilets, baths, janitor closets, dining rooms, recreation and resident rooms. Carpeting may be installed in specified areas upon approval of the Department of Health.

3. Walls and ceilings shall be kept in good repair, free from cracks or holes and be of a type of finish that can be satisfactorily cleaned.

4. All windows shall be in good repair, fit snugly and open and close easily.

5. A centralized heating system shall be provided capable of maintaining a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in all occupied areas when the outside temperature is a minus twenty degrees Fahrenheit (-20° F.).

6. Existing space heaters may be used if vented from the outside and if approved as to type and installation by the State Fire Marshal or the local fire official. Unvented gas heaters and space heaters using room air for combustion shall not be permitted.

7. Protection from open flames and hot surfaces shall be provided.

8. All stairways and ramps shall be provided with sturdy handrails on both sides for their full length. All outside open stairwells shall be protected with gates or guards. All stairways shall be provided with non-skid tread.

9. Handrails equipped with returns are required on both sides of corridors used by residents.

10. Telephone alcoves shall be a minimum of four (4) square feet. Phones shall be located at a level convenient for residents in wheelchairs. Doors to telephone alcoves are not recommended.

11. Every home and every part thereof shall be kept clean, free of accumulations of dirt, trash, rubbish, garbage and shall be kept odor free.

12. Be so constructed and maintained as to prevent the entrance and harborage of rats, mice, insects, flies or other vermin.

13. Ceilings of boiler rooms, kitchens and laundry shall be adequately insulated when the floor directly above them is used.

14. Locks installed in resident room doors shall be of a type that can be locked only from the corridor side. At no time shall any resident be locked in his room.

15. A latch may be used on the lower half of a dutch door. Sections of dutch doors must be interconnected to prevent the bottom half from opening when the top half is closed. This is the only type of door approved for temporary restraint of mentally disturbed residents in a room. Not more than one (1) dutch door equipped with restrictive devices shall be allowed for each ten (10) beds.

16. All homes of nonfire-resistive construction, of two (2) or more stories, with ten (10) or more residents shall install an automatic sprinkler system and/or smoke detection system acceptable to the State Fire Marshal.

17. All doors through which residents will pass shall be at least thirty inches (30") wide. Wider doors are desirable. All doors opening into the corridors shall be of solid wood or metal having a one (1) hour fire-resistive rating. No doors shall swing into the corridor except closet doors.

18. Corridor widths of not less than thirty-six inches (36") shall be provided with wider corridors desirable.

19. The width of the stairways shall not be less than thirty-six inches (36").

20. Adequate parking space shall be available.

37.553
Section C. Resident Bedrooms

Every existing home shall meet the following requirements:

1. Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms, and built-in drawers, closets or wardrobes.

2. Each multiple-bed room shall have at least eighty (80) square feet usable floor area for each bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum space between each bed and two feet (2') minimum space between a bed and the wall.

3. No resident room shall have more than four (4) beds. Not more than two (2) beds per resident room is recommended.

4. Resident beds shall not be placed in the hallways or any area other than approved bedrooms.

5. No room which opens into the kitchen shall be used as a bedroom.

6. No room shall be used as a bedroom if this requires passing through a kitchen to reach the bathroom, living room and out-of-doors.

7. Each room used as a bedroom shall have at least one (1) outside window. The total outside window area should equal at least one-eighth (1/8) of the floor area of this room.

8. Each bedroom shall have an adequate clothes closet or wardrobe.

9. Each bedroom should have a lavatory with hot and cold running water unless provided in an adjoining bathroom or toilet facility. Lavatories for resident use should be supported on brackets to accommodate wheelchairs.

10. Each bedroom shall have adequate and satisfactory artificial light and be equipped with at least one (1) duplex electric outlet for each bed. There shall be an electric switch in each bedroom near the entrance to control at least one light in the room. Exposed wiring shall be enclosed in conduit. All wiring shall be in compliance with the National Electrical Code and be certified by a licensed electrician. Extension cords shall not be allowed.

11. Residents shall be housed only in rooms designated as bedrooms by the licensing authority. Rooms in which residents are housed shall be used for no other purpose.

12. Beds or furniture shall be not placed so as to obstruct passage to corridors or exits.

13. No resident bedrooms shall be below grade.

14. No part of any room shall be enclosed or subdivided unless such part be separately lighted and ventilated.

37.554
Section D. Bath and Toilet Rooms

Every existing home shall meet the following requirements:

1. Provide separate bathrooms for each sex at a minimum of one bath or shower for each ten (10) beds. Grab bars shall be provided at each bathtub and shower.

2. A toilet room for each sex at a ratio of one (1) water closet to each eight (8) beds shall be provided. Toilet rooms should permit movement of wheelchairs and shall have grab bars. One (1) toilet room on each floor should be at least five feet by six feet (5' x 6') to permit toilet training.

3. Showers should be approximately four (4) feet square and shall have grab bars and curtains. Curbs shall be omitted.

4. No toilet rooms shall open directly into a kitchen, food preparation or storage room. Neither shall it be so located that the resident must pass through any of the above areas to enter the toilet room.

5. All bath and toilet rooms shall be easily accessible and conveniently located. They shall be vented to the outside either by windows that can be opened or by an exhaust fan.

6. Bathroom fixtures shall be of substantial construction, in good repair and designed so that they may be cleaned satisfactorily. All bathtubs and showers shall be provided with slip-proof mats or strips.

7. Each toilet and bathroom shall be adequately lighted, have a light switch just inside or outside the door and be provided with a mirror for each lavatory.

8. Partial partitions or flame-resistant cubicle curtains shall be installed to provide privacy for each resident when there is more than one (1) in a room.

9. Bathrooms and lavatories shall not be used for cleaning, storing or drying soiled linen or cleaning equipment.

10. Toilet seats shall have waterproof finish.

37.555
Section E. Living, Dining and Recreation Areas

The home shall provide a comfortable area well-furnished and well-lighted for the use of residents. Under no circumstance shall the living room be used as a bedroom.

1. The living, dining or recreation area shall be large enough to provide necessary space for the activities of the residents. This shall be an outside room conveniently located.

2. Dining area shall be well-lighted and large enough to accommodate all residents.

3. The total floor area for dining, living and recreation rooms should not be less than twenty (20) square feet for each resident bed.

37.556
Section F. Charting Area

1. There shall be a well-lighted charting area or desk centrally located in the resident area.

2. Equipment necessary for charting and record keeping shall be provided.

3. A call system shall be provided to be recognizable at the charting area from each resident bed, resident toilet room and each bathtub or shower.

37.557
Section G. Janitor Closet

A janitor closet should be provided for each service area. This closet should be equipped with hot and cold running water, a service sink and adequate storage space for supplies and equipment. A floor-type sink is recommended.

37.558
Section H. Kitchen

1. A kitchen shall be provided properly located for efficient food service large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. It is recommended that the kitchen area, not including food storage areas, be approximately ten (10) square feet for each resident bed served.

2. Floor surfaces in the kitchen and in all other rooms and areas in which food is stored, prepared or in which utensils are washed shall be of smooth non-absorbent materials and so constructed as to be easily cleaned. All floors shall be kept clean and in good repair. Floor drains should be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquid.

3. All walls of areas in which food is prepared shall be non-absorbent, cleanable, smooth and in good repair.

4. All exterior openings shall be effectively protected against flies during fly season.

5. Adequate handwashing facilities shall be provided including hot and cold running water, dispensable soap and disposable towels.

6. Toilet and bathing facilities shall not open directly into food preparation areas.

7. Kitchen location should prevent all traffic except that necessary for receiving, preparing and serving of food.

8. Adequate artificial light shall be provided in food service areas.

9. An adequate supply of hot and cold running water under pressure shall be available to rooms in which food is prepared.

10. Dishwashing procedure and equipment must comply with the Regulation for Food Service Establishments of the Division of Environmental Sanitation as adopted January 1, 1966, by the Montana State Board of Health.

37.559
Section I. Storage Space Requirements

Every existing home shall:

1. Provide adequate storage space for wheelchairs, walkers and similar equipment.

2. Provide storage space for supplies, personal possessions of residents and staff, linen and similar items.

37.560
Section J. Laundry Rooms

The laundry area in existing homes shall meet the following requirements:

1. The location shall not require passing through a kitchen, bedroom or toilet room in order to process the laundry.

2. Laundry equipment shall not be located in a bedroom, toilet room, bathroom or kitchen.

3. Service door and corridor dimensions shall be sufficient to allow for the passage of equipment and supplies.

4. When laundry chutes are used, they shall be a minimum of two (2) hour fire-resistive construction with self-closing doors equipped with a positive latch at the top. They shall be provided with a flushing ring, vented to outside atmosphere and have a floor drain at the point of discharge. An automatic sprinkler shall be provided at the top of the chute and at the point of discharge.

5. The following facilities shall be provided when the laundry is done commercially:

    a. Adequate space for sorting, processing, and storing soiled linen.

b. Storage space located to facilitate convenient pickup and deliveries.

c. Separate storage facilities for clean linen.

37.561
Section K. Office Space

Each existing personal care home shall provide adequate office space to meet the needs of the home.

37.562
Section L. Electrical Requirements

1. All electrical equipment and systems shall be in accordance with applicable local codes and regulations. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

   a. All occupied areas shall be adequately lighted. Resident bedrooms shall have as a minimum a night light and for each bed a reading light. The outlet for general illumination and night light should be switched at the door. Switches in resident bedrooms should be of an approved mercury or equally quiet type.

   b. A battery operated emergency light shall be available at all times at the charting desk or area.

   c. Lighting fixtures shall be furnished for all lighting outlets. If ceiling lights are used in resident rooms, they shall be shielded.

   d. Light switches in bathrooms shall be located four feet (4') or more from tubs or showers.

   e. Artificial lighting shall be sufficient to light the entire room area. Exposed light bulbs shall not be used in resident rooms or areas frequented by residents such as bathrooms, dining rooms, recreation rooms, and corridors.

   f. A call system shall be provided to be recognizable at the charting area from each resident bed, resident toilet room and each bathtub or shower.

   g. An inspection of the existing electrical system shall be made by a licensed electrician who shall certify that installation meets the requirements of the National Electrical Code.

37.563
Section M. Ventilation

1. Utility rooms, toilets, bathrooms, janitor closets and food storage rooms shall have adequate ventilation.

2. Kitchens and laundries which are located inside the building shall be vented by exhaust systems. It is recommended that it discharge into the air above the main roof or fifty feet (50') from any window.

   a. The ventilation of these spaces shall comply with the State or local codes. If no codes apply, the air and work spaces should be exhausted at least once every six (6) minutes with the greater part of air being taken from the flatwork ironer, dryers, and range areas.

   b. Air from the laundry sorting area shall be discharged with no recirculation.

   c. Oxygen storage rooms shall comply with regulations set forth in the latest edition of National Fire Protection Standards No. 56.

37.564
Section N. Plumbing

All plumbing shall comply with applicable local codes, National Plumbing Code and the Montana Plumbing Code.

37.565
Section O. Gas Piping and Appliances

1. Gas piping and appliances shall be approved by the American Gas Association and shall be connected in accordance with the requirements of the utility company furnishing the gas.

2. Gas outlets shall not be provided in resident rooms.

37.566
Section P. Elevators

1. It is recommended, where practical, that elevators be installed if patient rooms are above the street level floor. If elevators are not installed, only those patients who can ascend and descend stairs without assistance may be housed above the street level floor.

2. Passenger elevators should have a platform size of not less than five feet four inches by eight feet (5'4" x 8').

3. Installation shall comply with all local and State codes, the American Safety Code for Elevators, National Board of Fire Underwriters and the National Electrical Code.

37.567
Section Q. Dumb Waiters

Installation of dumb waiters shall comply with all local and State codes, American Standard Safety Codes for Elevators, National Board of Fire Underwriters, and the National Electrical Code.

37.600
DIVISION XI. BUILDINGS AND GROUNDS - NEW CONSTRUCTION

37.601
Section A. Site

1. The location shall be:

   a. Adjacent to an all-weather road.

   b. In a neighborhood free from excessive noise, dirt, and polluted air and away from railroads, main traffic arteries, industrial developments and similar disturbances.

   c. Such that sufficient surrounding land is provided at the time of initial planning. Building shall not exceed one-half (1/2) of total site area. Consideration shall be given for future planning.

   d. Reasonably accessible to adequate public utilities, physician services, medical facilities, shopping centers and population centers where employees can be recruited.

   e. Free of flooding for the previous ten (10) year period.

   f. In compliance with all applicable local ordinances.

   g. Within the jurisdiction of a local fire authority capable of providing adequate fire fighting services.

   h. Within the jurisdiction of law enforcement.

   i. Adequate on-site parking space.

2. Construction Requirements

   All new construction shall comply with the requirements of the codes listed in Section C of this division. In addition, the following minimum requirements shall be met:

   a. The building and all parts thereof shall be of sufficient strength to support all dead, live and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practices.

   b. Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one (1) foot below the estimated frost line. Proper bearing values for the soil shall be established in accordance with recognized standards.

   c. Footings, piers and foundation walls shall be adequately protected against deterioration from action of ground water.

d. One-story buildings shall be constructed of not less than one (1) hour fire-resistive construction throughout except as follows:

   1. Boiler rooms and rooms used for the storage of combustible materials shall be of two (2) hour fire-resistive noncombustible construction.

   2. Structures built of other than noncombustible materials shall adhere to the floor area restrictions set forth in the Uniform Building Code.

e. For purposes of evacuation, the window sills of one-story buildings constructed of combustible materials shall not be more than six (6) feet above the adjacent ground level.

f. Buildings of more than one story shall be constructed of noncombustible materials using a structural framework of reinforced concrete or structural steel except that load-bearing masonry walls and piers may be utilized for buildings up to and including three (3) stories.

g. The fire resistive requirements of the various building elements shall follow the requirements of the Uniform Building Code except for modifications listed below:

   1. Corridor partitions shall be one (1) hour fire resistive construction.

   2. Walls enclosing stairways, elevators, laundry, and trash chutes and other vertical shafts, boiler rooms and areas used for storage of combustible materials shall be of a two (2) hour noncombustible construction.

h. Interior finish of all exit ways, storage rooms and all areas of unusual fire hazard shall have a flame spread rating of less than twenty (20).

i. Interior finish of all resident rooms, day rooms and other areas occupied by residents shall have a flame spread rating of less than seventy-five (75).

j. Interior finish of other areas shall have a flame spread rating of less than seventy-five (75) except that ten percent (10%) of the aggregate wall and ceiling areas of any space may have a flame spread rating up to two hundred (200).

k. Interior finish materials shall be classified in accordance with their flame spread rating on the basis of tests approved by the NFPA (see definitions under fire regulations).

l. No carpet or carpet assembly will be allowed in a health care facility which has a flame spread rating of more than seventy-five (75) in accordance with ASTM-E84-61.

Section B. Plans

1. Plans for new construction shall be submitted to the State Department of Health before construction is begun. Plans shall be submitted in two (2) stages:

   a. Preliminary drawings and outline specifications.

   b. Working drawings and construction specifications.

2. Preliminary Drawings

   a. Site plans in compliance with Section A.

   b. The preliminary plans must indicate the assignment of all spaces and the size of service areas and bedrooms. A large scale presentation shall be submitted showing fixed and movable equipment in service areas and furniture arrangement including clearance in resident bedrooms.

   c. The plans shall be drawn to a scale sufficiently large to clearly present the proposed design.

   d. The total floor area and number of beds shall be noted on the plans.

   e. The drawings shall include site topography, soil conditions and a plan for each floor including the basement or ground floor.

   f. Outline specifications shall provide a general description of the construction including exterior and interior finishes and mechanical systems.

3. Working Drawings

   a. Working drawings shall be approved by:

      1. Montana State Department of Health

      2. Montana State Fire Marshal

   b. Working drawings and specifications shall be well prepared so that clear distinct prints may be presented. Accurate dimensions including all necessary explanatory notes, schedules and legends shall be included.

   c. Working drawings and specifications shall be complete and adequate for contract purpose. Separate drawings shall be prepared for each of the following branches of work: architectural, mechanical and electrical.

   d. Plans and specifications shall be certified by an engineer or architect licensed to practice in Montana. All new

construction shall be in accordance with applicable local, state and national building codes and regulations. In areas that are not subject to local or state zoning, housing and building codes shall be used as guides insofar as such recommendations are not in conflict with the standards set forth herein. Certification shall state that the plans and specifications are in accordance with regulations and standards of the Montana State Department of Health and name the national and local codes applicable.

4. Architectural drawings shall include:

   a. Site plan showing all existing and new topography, existing structures on the site, new building and structures, roadways, walks, parking areas, utilities and structures to be removed under the construction contract.

   b. Plans of each floor and roof

   c. Elevations

   d. Sections of the building

   e. Enlarged scale details as necessary

   f. Plans of foundations, floors, roofs and all intermediate levels showing a complete design with sizes, sections, and the relative location of various members, schedule of beams, girders and columns.

   g. Dimensions of floor levels, column centers and off-sets

   h. Dimensions of access openings and pipe sleeve unless otherwise noted

   i. Detail of all special connections, assemblies and expansion joints

5. Written approval for all proposed construction or existing building utilization is limited to a period of one (1) calendar year from its date of issuance and applies only to one location. Reapproval must be obtained when a new site is considered.

6. All building construction shall be subject to inspection by representatives of local and state agencies.

7. Residents shall not be admitted or housed in new construction until it is licensed.

8. To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval, in lieu of complete plans and specifications.

37.603
Section C. Construction Codes

1. Where there is a difference between national, state or local codes, the code having the highest standard shall prevail.

2. Compliance with applicable provisions of the following codes is mandatory:

   a. National Plumbing Code

   b. Montana Plumbing Code

   c. National Electrical Code

   d. Regulations for Food Service Establishments, Montana State Board of Health

   e. Uniform Building Code of the International Conference of Building Officials

   f. American Concrete Institute

   g. American Institute for Steel Constructors

   h. American Standard Safety Codes for Elevators, Dumb Waiters and Escalators

   i. National Board of Fire Underwriters

   j. All Standards and Codes where applicable to construction as published by the National Fire Protection Association, 60 Batterymarch Station, Boston, Massachusetts

37.604
Section D. Minimum Design Requirements

1. Administration

   a. Business office

   b. Administrator's office (may be combined with business office)

   c. Lobby or waiting room

   d. Public toilet facilities

   e. Public telephones

2. Ancillary Facilities

   a. Recreation and resident dining room area. Provide at least thirty-seven and one-half (37 1/2) square feet per bed in the personal care home for recreation and resident dining. At least one day room on each resident

floor shall have an outside window exposure equal to one-eighth (1/8) of the floor area.

b. Facilities for religious services (desirable)

c. Laundry for residents' personal use

d. Storage for occupational and recreational equipment

e. Outdoor recreation area

f. Barber and beauty shop (desirable)

g. Nourishment center (desirable)

3. Resident Unit

In addition to resident bedrooms, the following facilities are required for resident unit:

a. Charting area or desk

b. Toilet facilities

c. Bathing facilities

d. Wheelchair parking area

e. A clean linen storage area if linen is stored in the resident area

4. Service Facilities

a. Kitchen: Ten (10) square feet per resident bed not including storage area is recommended.

1. Preparation and storage area

2. Refrigeration and dry storage area

3. Dishwashing room

4. Garbage and trash disposal

5. Adequate personnel dining room

6. Janitor closet

7. Handwashing sink

b. Laundry Area

1. Clean linen facilities

2. Soiled linen facilities

c. Mechanical Facilities

1. Boiler room

2. Maintenance facilities

d. Personnel toilet and locker facilities

e. Storage

1. General storage (fifteen (15) square feet per bed)

2. Resident clothes storage area accessible to residents

3. Storage for outdoor equipment

37.605
Section E. Mechanical Equipment

1. Heating System

a. The building shall be centrally heated by a hot water or steam system.

b. Boilers shall have the necessary capacity when operating at nominal rating to supply the heating system, hot water and steam operated equipment such as kitchen and laundry equipment. It is recommended that an emergency standby boiler be provided.

c. Temperatures: It shall be possible to maintain a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in each room and occupied space when the outdoor temperature is a minus twenty degrees Fahrenheit (-20° F.). Radiators and convectors, if used, shall be provided with hand-control valves except where individual room automatic control is provided.

d. Piping: Steam and hot water piping may be copper pipe and fittings, standard weight steel or iron pipe and cast iron fittings. Pipe used in heating and steam systems shall not be smaller sizes than prescribed by the latest edition of the ASHRAE Guide. The ends of all steam mains and low points in steam mains shall be dripped.

e. The heating system shall be thermostatically controlled in two (2) or more zones per wing.

f. Heating or air conditioning systems shall take at least fifteen percent (15%) of their air from the outside.

g. Corridors and exit halls shall not be used as a plenum for supply or return air to heating or air conditioning systems.

h. Boilers and smoke breeching shall be insulated with coverings not less than one inch (1") magnesia blocks and one-half inch (1/2") plastic asbestos finish. All high pressure steam and return piping shall be insulated with coverings not less than the equivalent of one inch (1"), four (4) ply asbestos coverings. Heating mains in the boiler rooms, in unheated or unexcavated spaces, where concealed, shall be insulated with covering not less than one inch (1") asbestos air cell. All other equivalent noncombustible insulation materials are acceptable.

2. Ventilation

a. Utility rooms, toilets, bathrooms and food storage rooms shall be provided with forced ventilation to change the air at least once every six (6) minutes.

b. Kitchens and laundries shall be located on outside walls to provide natural ventilation.

c. In laundries the washers, flatwork ironers and tumblers are the principal sources of heat and humidity. Separate mechanically operated supply and exhaust systems shall be provided. The outdoor air intake shall be as far removed as possible from all exhaust outlets, incinerators and boiler stacks. The air exhaust outlet shall be located so that discharge will not re-enter the laundry or other areas of the personal care home. It may be desirable to filter the air being exhausted from the soiled linen sorting room. The air supply system should be equipped with filters in accordance with the National Bureau of Standards. It is recommended that a manometer be installed across each filter bed to indicate the need for filter cleaning or replacement. The ventilation supply and exhaust fan serving each area should be electrically interlocked so that failure of either will stop the other.

d. Kitchen and laundry shall be ventilated by exhaust systems which will discharge the air above the main roof or fifty feet (50') from any window. The ventilation of these spaces shall comply with the state or local codes. If no codes govern, these areas shall be exhausted at least once every six (6) minutes with the greater part of air being taken from the flatwork ironer and range areas.

e. Oxygen storage: Oxygen storage room shall comply with the recommendations set forth in the latest edition of the NFPA Standard 56.

37.606
Section F. Plumbing

1. All parts of the plumbing system shall comply with the Montana Plumbing Code and National Plumbing Code with special reference to the following:

a. The water supply of suitable quality shall be from a safe, sanitary source, the location, construction and operation of which has the approval of the State Department of Health.

b. Water service brought into the building shall comply with the requirements of the local water department and the State Department of Health.

c. Supply lines shall be free of cross-connections when an alternate source is available.

d. Anti-siphonage devices shall be installed where required.

2. Hot water heating equipment shall have sufficient capacity to supply:

a. Six and one-half (6 1/2) gallons at one hundred ten degrees Fahrenheit (110° F.) per hour per bed for kitchen, utility and resident areas.

b. An additional four (4) gallons at one hundred eighty degrees Fahrenheit (180° F.) per hour per bed for the dishwasher. A suitable booster shall be installed if necessary.

c. Three (3) gallons at one hundred eighty degrees Fahrenheit (180° F.) per hour per bed for the laundry.

3. Plumbing fixtures which deliver hot water for residents' use shall supply water which is thermostatically controlled to provide a maximum temperature of one hundred ten degrees Fahrenheit (110° F.) at the fixture.

4. The hot water storage tank or tanks shall have a capacity sufficient to meet the maximum demand.

5. Where direct fired hot water heaters are used, they shall be of an approved high-pressure type. Submerged steam heating coils shall be of copper. Storage tanks shall be of noncorrosive metal or be lined with noncorrosive material to comply with the ASME Code for pressure vessels.

6. Rain Water Drains

a. Leaders shall be provided to drain the water from roof areas to a point from which it cannot flow into the basement or areas around the building.

b. Where dry wells are used, they shall be located at least twenty feet (20') from the building.

7. Sanitary Drainage

a. The building drain shall be of cast iron to a point five feet (5') from the building.

b. Soil stacks, drains, vents, waste lines and leaders shall be of copper, cast iron or steel except drain lines in back fill shall be of cast iron.

8. Gas Piping and Appliances

a. Gas appliances shall be approved by the American Gas Association and connected in accordance with the requirements of the company furnishing the gas.

b. Gas piping shall be of black iron with malleable fittings.

c. Gas outlets shall not be provided in resident bedrooms.

9. Insulation

a. Tanks and heaters, hot, cold and chilled piping shall be insulated with a noncombustible material with a vapor barrier where required.

10. Plumbing Fixtures

a. Water closets adjoining a resident area shall be of a quiet operating type.

b. Flush valves shall be designed with no-return stops, back-flow preventers and silencers.

c. Lavatories used by residents shall supply water at least five inches (5") above the top of the lavatory bowl. Lavatories and sinks used by food handling personnel shall be provided with goose-neck spouts and controls not requiring the use of the hands.

d. Drinking fountains shall be recessed in alcoves, in corridors or recreation areas. The fountains shall be accessible to residents in wheelchairs.

e. All soil, waste and drain lines shall be tested by water or air tests before they are built in. A smoke or chemical test shall be applied after fixtures have been set. Water pipes shall be hydraulically tested to a pressure equal to twice the working pressure. The test shall demonstrate to the satisfaction of the State Department of Health, that there are no leaks, that hot water is circulating satisfactorily, that all taps are properly vented, that there is an ample supply of hot and cold water to all fixtures, that no fixture or equipment can back-siphon and that there are no back flow connections. All pipes on outside walls shall be insulated to prevent freezing.

37.607
Section G. Standpipe Systems

Standpipe systems shall be installed as required by local and state departments having jurisdiction.

37.608
Section H. Sprinkler Systems and/or Smoke Detection Systems

To reduce the danger of fire, automatic sprinkler systems and/or smoke detection systems shall be provided in those areas which are considered hazardous from a fire safety point of view. Such hazardous areas shall include but not be restricted to soiled linen rooms, basement corridors, woodworking shops, trash rooms, storage rooms, laundry and trash chutes. Sprinkler systems and/or smoke detection systems shall be in compliance with the requirements of the Montana State Fire Marshal.

37.609
Section I. Electrical Requirements

1. Code

   a. Electrical installations shall be in accordance with applicable local codes and the regulations. Where such codes are not in effect or where they do not cover special installation, the National Electrical Code shall govern.

   b. The regulations of the local utility company shall govern service connections.

   c. All materials shall be equal to standards established by Underwriters Laboratories, Inc.

2. Connections from the service mains, with meter connections and service switches shall be installed as required by the local utility company.

3. Separate power and light feeders shall be run from the service to the main switch board and from there subfeeders shall be provided to the motors and power and light distributing panels. Where there is only one service feeder, separate power and light feeders from the service entrance to the switchboard will not be required.

4. Circuit breakers of a dead front-type fused switches shall be installed to protect all feeders and subfeeders. Motors shall be connected with breakers of fused switches.

5. Light panels shall be provided on each floor for the lighting circuits on the floor. Light panels shall be located near the load centers not more than one hundred feet (100') from the farthest outlet.

6. All occupied areas shall be adequately lighted as required by duties performed in the space.

7. Resident bedrooms shall have as a minimum, general illumination, night light and for each bed a reading light. The switches for general illumination and night lights should be of an approved mercury or equally quiet type. Ceiling fixtures when used shall be of a type that are shielded so as not to shine in the residents' eyes.

8. Suitable receptacles shall be located where plug-in service is required. Each bedroom shall have not less than three (3) duplex receptacles, with at least one (1) receptacle near the head of each bed and at each lavatory.

9. Grounding type receptacles shall be installed not more than fifty feet (50') apart in all corridors.

10. Each bedroom, bathing room and toilet room shall be furnished with a call unit which will register a signal at the corridor door and charting area or desk.

11. Wiring for all systems including low voltage shall be installed in conduit.

12. All lighting fixtures, wiring and equipment shall be tested for grounded, short, or open circuits and to show that all equipment operates as specified. A certificate of approval of the electrical installation in the home shall be issued by the inspector having jurisdiction and shall be furnished the State Department of Health. This certificate shall indicate that the electrical installation in the home complies with local codes and the National Electrical Code.

37.610
Section J. Elevators and Dumb Waiters

1. Elevators and dumb waiters shall comply with all local and state codes, the American Standard Safety Codes for Elevators, the National Board of Fire Underwriters and the National Electrical Code.

2. Elevators shall be installed in the home if the resident bedrooms are located on floors above the street level. Passenger elevators should have a platform size of not less than five feet four inches by eight feet (5'4" x 8'), door opening not less than three feet ten inches (3'10").

37.611
Section K. Fire Protection Facilities

Fire protection facilities shall comply with the 1966 edition of NFPA Life Safety Code 101. All fire protection facilities must be approved by the Montana State Fire Marshal prior to construction.

37.612
Section L. Chart Area and Desk

1. Chart Area and Desk

   a. Each floor on which residents are housed shall have a chart area and desk. It shall be centrally located and adequate in size to accommodate such equipment as charting desk and chairs, chart rack, resident call system, telephone and storage cabinets for supplies.

b. A sink with hot and cold running water shall be provided. A work counter and cupboard shall be adjacent to this sink.

2. Soiled Utility Room

Each unit where residents are housed shall have a soiled utility room which should contain a suitable sink, work space and storage area.

37.613
Section M. Resident Rooms

1. Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

2. Each multiple-bed room shall have at least eighty (80) square feet net usable floor area for each bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum distance between beds and two feet (2') between the bed and the wall.

3. Wardrobe space shall be provided and shall have minimum clear dimensions twenty-two inches (22") deep by twenty inches (20") wide with full length hanging space and a clothes rod and shelf.

4. No resident bedroom shall have more than four (4) beds. No resident bed shall be more than one (1) bed removed from an outside window. No more than two (2) beds per resident room is recommended.

5. Resident beds shall not be placed in the hallways or any area other than approved bedrooms.

6. Window areas shall be equal to one-eighth (1/8) of the floor area of the room. Sill heights shall not exceed three feet (3') above the floor. Thirty inches (30") is recommended.

7. Every resident room shall have a lavatory. Lavatories for residents' use shall be supported on brackets to accommodate wheelchairs. A toilet room accessible from two adjacent and adjoining resident rooms is acceptable. Toilet rooms shall be of sufficient size to permit movement of wheelchairs.

8. Every resident room shall have direct access to the corridor and outside exposure. No part of any room shall be enclosed or subdivided unless it be separately lighted and ventilated.

9. In multiple-bed rooms, each bed shall be provided with a flame-resistant cubicle curtain or built-in device for privacy.

10. No resident room shall be located on any floor which is below grade level.

11. Mirrors shall be arranged for the convenience of residents in wheelchairs as well as for residents in a standing position.

37.614
Section N. Toilet and Bathroom Facilities

1. If centralized toilets are provided, a toilet room for each sex at the ratio of one (1) water closet to eight (8) beds will be required. Appropriate grab bars shall be provided at each water closet. There shall be a toilet in an area of at least five feet by six feet (5' x 6') to permit toilet training. Locks on toilet doors or water closet enclosures shall be operable from the outside.

2. One (1) shower or bathtub for each ten (10) beds not otherwise served is required. There shall be at least one (1) bathtub or shower in each resident unit. Each bathtub or shower enclosure shall provide space for the use of the bathing fixture, for dressing and for a wheelchair and attendant. Grab bars shall be provided at all bathing fixtures. Showers shall not be less than four (4) feet square, without curbs and designed to permit use from a wheelchair. All controls shall be within convenient reach of the attendant.

3. All bathtubs and showers shall be provided with slip-proof mats or strips.

37.615
Section O. Doors, Corridors, Ramps and Stairways

1. All doors through which residents will pass shall be a minimum of three feet eight inches (3'8") wide. All doors opening into the corridor shall be of solid wood or metal having one (1) hour fire resistive rating. No doors shall swing into the corridor except closet doors.

2. Doors at least three feet (3') wide will be permitted at individual toilets connecting with resident bedrooms.

3. All doors to residents' toilets or bathrooms shall swing out.

4. Doors other than those leading into the corridors may be a hollow-core type.

5. Thresholds of interior doorways shall be flush.

6. Dutch doors may be used if the sections are inter-connected to prevent the bottom half from opening when the top half is closed.

7. Corridors used by residents shall be at least eight feet (8') wide. A greater width shall be provided at elevator entrances.

8. Handrails equipped with returns shall be installed on both sides of corridors used by residents.

9. Ramps shall be a minimum of three feet eight inches (3' 8") clear width and shall have slopes which do not exceed one inch (1") of fall per foot of length and shall be equipped with approved handrails or bannisters sturdily mounted. The width shall be measured between handrails or bannisters where they project more than three and one-half inches (3½"). Nonslip treads shall be provided.

10. Stairways shall be not less than three feet eight inches (3' 8") wide measured between handrails where they project more than three and one-half inches (3½"). Nonslip treads shall be provided.

11. Telephone alcoves shall be a minimum of four (4) square feet. The phone shall be located at a level convenient to residents in wheelchairs. Doors to telephone alcoves are not recommended.

37.616
Section P. Kitchen

1. The home shall provide a kitchen properly located for efficient food service, large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required.

2. The kitchen area should be approximately ten (10) square feet, not including storage for each resident.

3. The kitchen shall be located convenient to the dining room, patient rooms and service entrance. The location should prevent all traffic except that necessary for receiving, preparing and serving of food.

4. Walls and ceilings of food preparation and service areas shall be finished with a washable surface.

5. Floors in receiving, preparation and service areas and dishwashing rooms shall be of smooth, nonabsorbent materials. Floor construction shall permit easy cleaning.

6. Floor drains shall be provided.

7. There shall be adequate artificial light available for all work surfaces.

8. Electrical systems shall be of sufficient capacity to supply initial equipment and to permit additions as needed.

9. A suitable layout of equipment shall be provided to permit convenient operation, healthful working conditions, good sanitation and control of heat, noise and odors.

37.617
Section Q. Laundry

1. Laundry facilities shall be arranged to provide physical separation of clean and dirty areas. It is recommended that the facility install washer extractors with doors on each side. This washer extractor is designed for installation in a wall between the soiled and clean operation with the equipment and loading door of the washer extractor located in the soiled area and the unloading door located on the opposite side of the wall in the clean area.

2. The laundry equipment shall be designed and installed to comply with all local and state codes. Washer, extractor, tumbler, and ironer shall be provided with all safety devices and meet sanitary requirements. Sprinklers shall be provided if the equipment is gas fired.

3. Washers shall have a combined rating capacity of not less than six (6) pounds of dry laundry per day per resident bed when operating not more than forty (40) hours per week. If a standby washer is not available, arrangements shall be made with outside or commercial laundries for service.

4. There shall be a tumbler with a rated capacity equal to twenty-five percent (25%) of the washer when operating forty (40) hours a week.

5. There shall be an extractor with a daily capacity equal to that given above for the washers.

6. A flatwork ironer with a capacity equal to seventy percent (70%) of the washer capacity when operating forty (40) hours per week shall be provided.

7. Laundry facilities must be so located that it is not necessary to pass through a kitchen, bedroom or toilet room in order to reach the laundry.

8. Laundry facilities shall not be located in areas that are used by residents.

9. When laundry chutes are used, they shall have a minimum diameter of two feet (2') and be constructed of two (2) hour fire resistive material, separated from the corridor in a room or closet of not less than one (1) hour fire resistive construction. The entrance doors to such rooms or closets shall be a Class "B" one (1) hour fire door. Chutes shall terminate or discharge directly into a linen collection room separated from the incinerator or laundry and shall be equipped with flushing ring, vented to the atmosphere with a floor drain at the point of discharge. An automatic sprinkler shall be provided at the top of the chute and at the discharge point.

10. The following facilities shall be provided when the laundry is done commercially:

a. Adequate space for sorting, processing, and storing soiled linen.

b. Storage space located to facilitate convenient pickup and deliveries.

c. Separate storage facilities for clean linen.

37.618
Section R. Ceiling Heights and Insulation

1. The minimum ceiling height shall be eight feet (8') except in the following areas:

   a. Boiler room - not less than thirty inches (30") above the main boiler header and connecting piping.

   b. Laundry - not less than ten feet (10').

   c. Kitchen - not less than ten feet (10').

2. Ceilings of boiler rooms, kitchens, and laundries shall be insulated and ventilated when the floor above them is to be used.

37.619
Section S. Finishes

1. Floors and Base

   a. Floors and base of the following areas shall have smooth, easily-cleaned, moisture-resistant, resilient flooring or ceramic flooring:

      1. Toilets
      2. Baths
      3. Food storage
      4. Utility rooms
      5. Janitor closets
      6. Dining rooms
      7. Recreation rooms
      8. Resident rooms

   b. The floors of all food preparation areas shall be water-proof, grease-proof, smooth and resistant to heavy wear.

   c. Carpeting may be installed in specified areas upon approval of the State Department of Health.

2. Walls

   a. All walls shall have a smooth washable finish, free from cracks or spaces which may harbor vermin.

b. All walls of high moisture areas shall have waterproof finishes.

3. Ceilings

a. Ceilings shall be capable of being kept clean.

b. The ceilings of all corridors in resident areas shall be acoustically treated with noncombustible material.

4. Wainscot

a. A wainscot of appropriate material is recommended in all rooms and corridors for protection of walls against damage.

## DIVISION XII. CONVERTED SMALL RESIDENTIAL DWELLINGS

1. Residential dwellings converted to personal care homes may be licensed if they meet all of the applicable requirements of these standards. The following apply specifically to this type of structure:

   a. The total occupancy of this type of facility shall not exceed nine (9) persons including the residents, operator, operator's family and resident employees.

   b. The room and corridor arrangement of the dwelling will dictate the number of beds licensed, taking into account the number of persons in the immediate family residing in the home. The maximum number of resident beds in this tvpe of facility shall be eight (8).

   c. Every single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

   d. Each multiple bedroom shall have at least eighty (80) square feet of usable floor area for each resident bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum distance between each bed with two feet (2') minimum distance between the bed and the wall.

   e. Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.

   f. No resident room shall be below grade.

   g. No resident room shall have more than four (4) beds. Not more than two (2) beds per resident room is recommended.

   h. No resident room shall have a ceiling height of less than eight feet (8').

   i. Doors to resident rooms and exit doors shall not be less than thirtv inches (30") in width. Wider doors are recommended.

   j. Corridors shall not be less than thirty-six inches (36") in width. Wider corridors are desirable.

2. When such conversion of small residential dwellings is contemplated, the proposal shall be submitted to the State Department of Health for review and approval prior to conversion.

3. In the case of new construction or additions to the dwelling, the standards for new construction shall apply.

4. When any major remodeling or construction is contemplated involving major additions or major alterations which would upset the functional operation of the facility, complete plans and specifications must be submitted to the Department of Health for approval prior to starting construction. The New Construction Standards will be applicable. The entire proposed completed unit shall function adequately, otherwise licensure of the entire unit may be denied.

REGULATION 38.

BOARDING HOME

A Boarding Home is a facility which primarily provides food, shelter, laundry or services incident thereto for four (4) or more aged, ambulatory individuals who are not in need of skilled nursing care or related medical services or personal care service, but who by reason of age and physical infirmity require shelter and boarding service.

It is not the intent of these regulations to include hotels, motels, boarding houses or rooming houses operated primarily as such, unless included under these rules and regulations after review of the facts by the Board.

38.100
DIVISION I. ADMINISTRATION

38.101
Section A. Organization

1. The boarding home shall be organized and under a governing authority which assumes full legal responsibility for the overall conduct of the facility and which is responsible for the compliance with applicable laws and regulations of legally authorized agencies. The governing authority may be a proprietorship, partnership, association, corporation or governmental unit.

2. The governing authority shall appoint an operator who is qualified and delegate to him the internal operation of the facility in accordance with established policies.

   a. The operator shall be at least twenty-one (21) years old, capable of making mature judgments and have no mental or physical disabilities or personality disturbances which interfere with carrying out his responsibilities.

   b. The operator should have a minimum of a high school education. He should be capable of selecting and directing personnel and residents. It is recommended that this person have previous experience with elderly people.

   c. All persons in a supervisory position shall be twenty-one (21) years of age or older. At no time shall a person under twenty-one (21) years of age be left in a responsible charge position.

3. The operator shall make available for inspection by the Board on request the quarterly report of paid employees as compiled for Social Security.

38.102
Section B. Personnel Policies and Records

1. There are written personnel policies, practices and procedures that adequately support sound resident care.

   a. Each employee shall furnish acceptable evidence of freedom from active pulmonary tuberculosis at the time of employment and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray. A pre-employment and annual complete physical examination is recommended.

   b. Hours of work, vacation time, pay and allowances and duties of the employee shall be established.

   c. Persons employed in the boarding home shall have sufficient experience and qualifications to perform the type of work for which they are employed.

d. All persons employed in the home shall be of good physical and mental health, not habitual users of narcotics, drugs or alcohol.

e. No person with a communicable, contagious or infectious disease shall be employed in the boarding home.

f. Any person showing signs of upper respiratory infection or other communicable, contagious or infectious disease shall be excluded from work until symptom free.

g. No employee shall resume work after using the toilet without first washing his hands with soap under hot and cold running water, and drying with an individual towel. Hand washing signs shall be posted in toilet rooms and lavatories used by employees. Dishwashing sinks shall not be used for handwashing purposes.

h. Any person having responsibility for the care of residents shall be mentally and physically capable and at least eighteen (18) years of age. The only exception to the age limitation shall be personnel sixteen (16) to eighteen (18) years of age if they work at all times under direct supervision.

2. Personnel records shall contain the following information:

a. Name, current address and telephone number

b. Social Security number

c. Date of birth

d. References

e. Work experience

f. Qualifications and education

g. Results of any employment physical examination, including certification by a physician of freedom from active pulmonary tuberculosis.

h. Date of employment

i. Position (type of work and hours on duty each day)

j. Date of termination of employment

k. Reason for discharge or resignation

3. Daily work schedules of employees shall be kept in writing for the previous three (3) month period showing the personnel on duty at any given time.

4. A record shall be kept of all accidents to employees sustained in the course of employment in accordance with the regulations established by the Industrial Accident Board.

5. Required Staffing:

   There shall be someone in charge of the home at all times capable of providing assistance to the residents. There shall be additional personnel as necessary to provide the necessary services in the home.

6. The responsibilities of the person in charge shall be:

   a. Supervision of all individuals giving service to the residents.

   b. Daily observation of each resident

   c. Making a record of the details of any accident to a resident within or without the home

   d. Calling a physician when considered necessary

   e. Planning a program of recreation for the residents

   f. Supervision of food service and notifying the dietary department of changes in dietary needs

7. Separate buildings, or cottages, on the same grounds used by the same facility will not be licensed in this classification unless adequate personnel are available and can be summoned at all times by a positive hold-type nurses' call system between buildings or cottages. Doors in these areas shall be provided with locks that cannot be locked from the inside in order to allow entrance by attendants at all times.

38.103
Section C. Admission, Transfer and Discharge

1. Admission Standards

   a. A resident shall be able to carry out all activities of daily living.

   b. The residents shall be ambulatory, i.e., able to get from one place to another in safety without assistance from another person.

   c. A resident shall require no guidance or supervision in administering any medication or treatment.

2. No home shall admit more residents than the number of beds stipulated on the license.

3. Operator of the boarding home shall be responsible for exercising discretion in the type of resident admitted to the facility. He shall not accept applicants for whom care cannot be provided in keeping with the applicant's mental or physical condition.

4. The operator shall require that each applicant furnish certification of freedom from active pulmonary tuberculosis at the time of admission and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray.

5. The operator should encourage a physical examination of all applicants immediately prior to admission.

6. Persons requiring skilled nursing care or personal care shall not be admitted to boarding homes. Residents acquiring conditions after admission that require hospitalization, skilled nursing home care, personal care or administered medications shall be promptly transferred to the appropriate facility. A resident shall remain in a boarding home only as long as he can meet the standards for admission.

7. No woman requiring prenatal or maternity care shall be admitted to or retained in a boarding home.

8. Children under sixteen (16) years of age may be admitted to the boarding home if appropriate facilities and program are provided.

9. A home shall not accept or keep residents who are destructive of property, themselves or others or who have symptoms of mental or emotional problems.

10. If a resident becomes disturbed and unmanageable, proceedings shall be initiated immediately for the transfer of the resident from the home to the proper facility.

11. A boarding home shall not refuse to discharge or transfer a resident when the physician, family, resident or sponsor requests this discharge or transfer.

12. The family or sponsors shall be notified promptly when the resident is removed from the boarding home.

13. The home shall have a signed agreement with each resident or his sponsor covering all necessary arrangements should it be necessary to effect transfer.

14. All personal property belonging to a resident must be returned to him on transfer or discharge.

38.104
Section D. Miscellaneous Policies

1. Visiting hours

a. Boarding homes shall have convenient daily visiting hours

both day and evening. The hours shall be prominently posted in plain view of visitors.

b. Spiritual advisors shall be permitted to visit residents at all reasonable hours. Privacy during these visits shall be the privilege of every resident.

c. Each resident shall be privileged to have privacy with his visitors, physician and other persons who have a responsibility for his welfare.

2. Each facility shall have at least one (1) noncoin operated telephone which is accessible at all times in case of an emergency. Residents shall have access to a telephone at a convenient location within the building.

3. The individual in charge of each work shift shall have in his possession keys to all doors.

4. Residents shall not be permitted to smoke in bed unless a responsible individual is present.

5. Pets will be allowed only in recreational areas or in the patients' rooms and then only if restricted to a cage or a container.

6. Residents sharing a bedroom shall be of the same sex except the case of a room occupied by a husband and wife.

7. Residents of one sex shall not pass through a bedroom occupied by the opposite sex to reach a bathroom, living room, dining room, corridor or similar area.

8. There shall be a written agreement between the home and each resident or sponsor pertaining to cost of care, type of care and services provided and means of notifying the responsible party of significant changes in a resident's condition.

9. Residents shall receive their mail unopened. Outgoing mail written by residents shall not be censored.

10. Failure to return valuables to a resident or his sponsor at the time of discharge, transfer or death or to refund the unused balance of a resident's personal account, or making a purchase on his account without the resident's consent or that of his sponsor constitutes misappropriation of property.

11. Prompt investigation of the cause of any accident involving a resident or an employee shall be instituted by the administration. Corrective measures indicated shall be adopted. A careful record shall be kept of all accidents.

12. A resident shall be permitted to leave the premises unless good cause can be shown for refusing such permission.

13. The home shall provide a program of recreational and social activities.

14. The home shall make adequate provisions for identification of residents' personal property and for safekeeping of valuables.

15. The operator shall assume the responsibility for seeing that each resident has an adequate supply of presentable clothing.

16. No part of a premise licensed as a boarding home shall be utilized for any purpose other than the operation of the home as defined by these regulations.

17. The resident is entitled to services of a physician licensed to practice medicine in Montana. The resident or the sponsor acting in his behalf shall be permitted free choice of a physician. This physician shall be allowed to visit the resident as he deems necessary to assure adequate medical care.

18. The physician shall be called at any indication of physical or mental illness of a resident.

19. Arrangements shall be made with a physician to be available for emergencies in the home in the event the resident's own physician cannot be reached.

20. Residents shall not be kept behind locked doors.

38.150
DIVISION II. RECORDS AND REPORTS

38.151
Section A. Records

1. In the event of change in the management of the boarding home all resident records shall remain the property of the facility. These shall be kept in the home at all times and available to the staff.

2. Each resident record shall be composed of the following:

   a. Admission record, including date of admission and discharge, name and address of resident, birth date, marital status, financial responsibility, church affiliation, name, telephone number and address of physician and person to be notified in an emergency.

   b. A record of any physical examination, including disabilities and certification from a physician of freedom from active pulmonary tuberculosis.

   c. In case of death, the required report shall include:

      1. Date and time of death

      2. Immediate cause of death

      3. Physician's signature

      4. Name and address of next of kin or sponsor

      5. Signature of mortician removing the body

   d. An incident report shall be kept of all accidents and shall include the following:

      1. Name and address of resident

      2. Resumé and cause of accident

      3. Injuries sustained

      4. Time physician notified

   e. All information contained in the resident record is confidential and available only to authorized persons.

3. All resident records shall be retained for five (5) years after the last discharge date or until age twenty-six (26) of the resident, whichever is longer. In the event of death, records shall be kept for five (5) years after proof of death.

4. Prior to destroying any record, a summary card must be prepared containing the name of the resident; age; date of birth; admission and discharge; name of attending physician and next of kin or sponsor. The summary card shall be a permanent record of the facility.

5. Provision shall be made for the safe storage of all records required by these regulations. All records shall be checked for completeness prior to filing.

6. All reports and records shall be available to authorized persons of the Department of Health having legal responsibility pertaining to the licensing of boarding homes.

38.152
Section B. Reports

1. An annual report shall be submitted for the preceding calendar year's operation before February 1 on forms provided by the State Department of Health.

2. There shall be strict compliance with the rules and regulations of the Department of Health for reportable diseases.

38.200
DIVISION III. RESIDENT PRESCRIPTION

38.201
Section A. Medications

1. All medications prescribed by the physician shall be self-administered or by a licensed professional nurse.

2. Stocking of drugs is prohibited.

3. All prescribed medications are the property of the resident. Unused, outdated and discontinued medication should be disposed of on advice of the attending physician. In case of death, unused medications shall not be retained in the home or given to any other resident. Unused narcotic prescriptions shall be returned to the dispenser or to the Bureau of Narcotics. (Reference: United States Treasury Department Joint Regulations of the Bureau of Narcotics and Internal Revenue Service, Regulations No. 5, Revised October, 1964, page 48.) All other prescriptions shall be returned to the next of kin or the prescribing physician or be destroyed by the administrator or his agent.

38.250
DIVISION IV. DIETARY SERVICES

38.251
Section A. Nutritional Requirements

1. Food served meets the nutritional needs of the patients in accordance with physicians' orders and to the extent medically possible meets the dietary recommendations of the Food and Nutritional Board of the National Research Council adjusted for age, sex and activity. The following daily guide is based on these allowances:

   a. Milk - Two (2) or more cups served as beverage or used in cooking.

   b. Meat Group - Two (2) or more servings meat, fish, poultry, eggs, cheese, with dry beans, peas, nuts as alternates.

   c. Vegetable and Fruit Group - Four (4) or more servings.

      1. A citrus fruit or other fruit and vegetable important for vitamin C.

      2. A dark green or deep yellow vegetable for vitamin A, at least every other day.

      3. Other vegetables and fruits including potatoes.

   d. Bread and Cereal Group - Four (4) or more servings of whole grain, enriched or restored.

   e. Other foods to round out meals and snacks to satisfy individual appetites and provide additional calories.

2. All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption.

3. At least three (3) meals are served daily, at regular times with not more than a fourteen (14) hour span between a nutritious evening meal and breakfast.

4. If a four (4) or five (5) meal plan is in effect, the nutritional value provided is equivalent to the guide described.

5. Therapeutic diets are prepared and served as prescribed by the attending physician.

6. A current diet manual shall be available to food service and other personnel concerned.

7. Personnel responsible for therapeutic diets should have received instruction in food values adequate to make appropriate substitutions when necessary.

Section B. Food Service

1. Menus are written at least one (1) week in advance. The current menu is in one (1) or more accessible places in the dietary department for easy use by persons purchasing, preparing and serving food.

2. Records of menus as served are filed and maintained for thirty (30) days and may be reviewed by authorized persons.

3. Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period are maintained on the premises.

4. Methods of food preparation used conserve nutritive value, flavor and appearance.

5. A file of tested recipes adjusted to appropriate yield is maintained.

6. Food is cut, chopped or ground to meet individual needs.

7. Effective procedures are established to provide and maintain food at proper serving temperatures.

8. Table service is provided for all who can and will eat at a table. Tables should be of proper design to accommodate wheelchair patients.

9. Table and tray service shall be attractive with plastic or china dishes or sectioned plastic trays free of cracks, chips and stains.

38.300
DIVISION V. MAINTENANCE, HOUSEKEEPING AND SANITATION

38.301
Section A. Maintenance

1. Every home shall have an effective maintenance program and necessary staff to:

   a. Keep the building in good repair and free of hazards such as cracks in floors, walls or ceilings, warped or loose boards, broken, loose or cracked floor coverings, loose or broken window panes and similar hazards.

   b. Keep all electrical, mechanical, water supply, fire protection and sewage disposal systems in a safe, functioning condition. Electrical cords, outlets, switches and appliances shall be maintained in a safe condition.

   c. Keep all plumbing fixtures in good repair, properly functioning and provided with protections to prevent contamination from entering the water supply.

   d. Inspect the heating system regularly and make all necessary repairs to maintain it in a safe, functioning condition.

   e. Maintain interior and exterior of the building as needed to keep it reasonably attractive. Loose, cracked or peeling wall paper or paint shall be promptly replaced or repaired to provide a satisfactory finish.

   f. Keep all furniture and furnishings attractive and in good repair.

   g. Keep the grounds and other buildings in a safe, sanitary and presentable condition. Grounds shall be kept free of insect and rodent breeding areas.

38.302
Section B. Housekeeping

1. Every home shall have an effective housekeeping program and necessary staff to:

   a. Maintain the building in a clean, safe and orderly condition using accepted practices and procedures.

   b. Keep all rooms and corridors clean and arranged in an orderly fashion. This includes food preparation, storage and serving areas.

   c. Keep floors clean, slip proof, free from throw or scatter rugs and other tripping hazards.

   d. Control odors by cleanliness and proper ventilation. Deodorant shall not be used to cover up odors caused by

unsanitary conditions or poor housekeeping practices.

e. Keep storage areas, attics, basements and similar areas free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment and similar items.

f. Keep the home free of unnecessary accumulations of equipment and supplies including possessions of residents and staff.

g. Prohibit use of bathtubs, shower stalls, or lavatories for laundering, janitorial or storage purposes.

38.303
Section C. Food Handling Sanitation

1. Every home shall substantially comply with the Regulation for Food Service Establishments as adopted January 1, 1966, by the Montana State Board of Health, Division of Environmental Sanitation.

2. All food, while being stored, prepared, displayed, served or transported, shall be protected against contamination from dust, flies, rodents and other vermin. It shall be protected from unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage.

3. Food handling personnel shall be trained in basic food sanitation techniques.

4. Clothing worn shall be clean and easily washable. To cover hair completely, hair nets must be worn by women and paper or cloth caps by men.

5. Anyone affected by infections shall be excluded from duty.

6. Adequate handwashing facilities including hot and cold water, soap and individual paper towels shall be provided within the kitchen area.

7. There shall be an adequate number of dishes, glassware and silverware of a satisfactory type to serve all residents in the home one (1) meal.

8. All perishable food shall be stored at safe temperatures (forty-five degrees Fahrenheit (45° F.) or below). Cooked foods being held for serving later shall be maintained at a temperature of one hundred forty degrees Fahrenheit (140° F.) or higher. These temperatures will be maintained except during necessary periods of preparation and service.

9. All staple foods shall be stored on racks or shelves off the floor in a ventilated room and protected from contamination.

10. All garbage not mechanically disposed of shall be kept in suitable containers pending removal. All cans, trash and other waste materials shall be stored in a covered container. The garbage and trash shall be removed from the premises as frequently as necessary to prevent nuisance and unsightliness.

11. Effective procedures for cleaning all equipment and work areas are followed consistently.

12. A three (3) compartment sink shall be provided and used for manual washing and sanitizing of equipment and utensils.

13. All tableware washed by spray-type machine shall be washed with water at a temperature of one hundred forty degrees Fahrenheit to one hundred sixty degrees Fahrenheit (140° F. - 160° F.) and rinsed by clean water of at least one hundred eighty degrees Fahrenheit (180° F.).

14. All tableware shall be allowed to air dry. No drying cloths shall be used.

15. All dishes, silverware and cooking utensils shall be stored above the floor in a clean, dry place protected from flies, splash, dust and other contaminants.

16. The kitchen should be located so it will not be used as a passageway by residents or nonfood handling staff.

17. Space in the kitchen should not be used for serving meals to either residents or staff, including food service staff.

18. The use of tobacco shall be prohibited in food preparation areas.

19. None of the operations connected with food preparation shall be conducted in a room used for living, sleeping or laundry purposes.

20. All poisonous compounds shall be used with extreme caution and compounds harmless to humans should be substituted whenever possible. Poisonous compounds shall not be stored in kitchens or food preparation areas.

38.304
Section D. Laundry Service

1. Unless a commercial laundry service is used, clean and soiled laundry operations shall be functionally separate in an adequately equipped laundry area.

2. The minimum temperature of water used in the laundry shall be one hundred eighty degrees Fahrenheit (180° F.).

3. Linen shall be dried in equipment which utilizes a high drying temperature.

4. Storage of soiled linen should be arranged to prevent odors in the home. Suitable containers shall be provided for all soiled linen. Bagging is recommended.

38.305
Section E. Garbage Disposal

1. All garbage shall be stored and disposed of in a manner that will not permit the transmission of contagious diseases, create a nuisance, or provide a breeding place for flies. All containers for garbage should be watertight, have tight fitting covers and be rodent proof. Containers shall be thoroughly scrubbed.

38.350
## DIVISION VI. WATER SUPPLY AND SEWERAGE DISPOSAL

38.351
### Section A. Water Supply

1. The home shall be served by water from a public water supply if available.

2. When a public water supply is not available, a private water supply may be utilized, if approved by the Department and if it is in accordance with the requirements of the State Sanitary Code.

3. The water supply shall be adequate in quantity and delivered under sufficient pressure to satisfactorily serve the home.

4. Plans for any private water supply must be reviewed and approved by the Board before construction is started.

38.352
### Section B. Sewerage System

1. All sewage and liquid waste shall be disposed of in the public sewerage system, if available.

2. Where a public sewerage system is not available, sewage and liquid waste shall be collected, treated and disposed of in private treatment facilities, the construction, maintenance, and operation of which must be approved by the Department of Health.

3. Plans for any proposed disposal system must be approved by the Department before construction is started.

38.400
DIVISION VII. FURNISHINGS, EQUIPMENT AND SUPPLIES

38.401
Section A. Furnishings

1. Living rooms for resident use shall be provided with a sufficient number of reading lamps, tables, chairs and sofas of satisfactory design.

2. Each bed shall be provided with satisfactory type springs in good repair and a clean, firm, comfortable mattress standard in size for the bed. Each bed shall have at least one (1) comfortable pillow. There shall be additional pillows available in the facility to satisfactorily serve all needs of the resident.

3. Mattresses shall be kept clean and in good repair.

4. Each resident shall have a bedside table or its equivalent with a drawer and a washable top. There shall be an individual towel rack and a comfortable chair for each resident in his room. Each resident shall be provided with adequate private drawer and wardrobe or closet space for clothing in the room.

5. A reading lamp or equivalent shall be provided for each resident.

6. Each bedroom shall be provided with a mirror.

7. Each bedroom shall have clean, flame-resistant window shades or equivalent in good repair.

8. Dining room furnishings shall be well constructed and of satisfactory design.

38.402
Section B. Equipment and Supplies

1. There shall be flame-resistant curtains in each multiple-bed room to insure privacy for residents.

2. Linen:

   a. There shall be an adequate supply of linen and other bedding according to the number of residents accepted by the home. Each bed shall be completely changed weekly or as often as necessary.

   b. Sufficient lightweight blankets shall be provided to assure warmth for each resident, shall be available as needed, and laundered as often as necessary to assure cleanliness and freedom from odors.

c. Bedspreads: There shall be a clean washable spread for each bed.

d. Towels and washcloths: Residents shall be supplied at all times with a clean bath towel and washcloth. They shall be changed at least two (2) times a week.

e. Towels for common use shall not be permitted.

3. Adequate and convenient storage space on each resident floor shall be provided for linens, pillows and bedding.

4. There shall be cleaning equipment properly maintained and in sufficient quantity to meet the housekeeping needs of the home.

5. There shall be a paper towel dispenser at each lavatory with an available supply of dispensable soap.

6. All equipment, including beds, shall be thoroughly cleaned and sanitized between occupancies.

38.450
DIVISION VIII. BUILDINGS AND GROUNDS - EXISTING BOARDING HOMES

38.451
Section A. Location

1. Every home located within the corporate limits of a municipality shall comply with all local ordinances.

2. Every home located outside the corporate limits of a municipality shall have fire and police protection.

38.452
Section B. Building - General

Every existing home shall meet the following requirements:

1. Be structurally sound, clean, sanitary and in good repair.

2. Floors and base of the following areas shall have smooth, easily cleaned, moisture resistant, resilient flooring or ceramic flooring: Toilets, baths, janitor closets, dining rooms, recreation and resident rooms. Carpeting may be installed at the discretion of the operator.

3. Walls and ceilings shall be kept in good repair, free from cracks or holes and be of a type of finish that can be satisfactorily cleaned.

4. All windows shall be in good repair, fit snugly and open and close easily.

5. A centralized heating system shall be provided capable of maintaining a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in all occupied areas when the outside temperature is a minus twenty degrees Fahrenheit (-20° F.).

6. Existing space heaters may be used if vented from the outside and if approved as to type and installation by the state fire marshal or the local fire official. Unvented gas heaters and space heaters using room air for combustion shall not be permitted.

7. Protection from open flames and hot surfaces shall be provided.

8. All stairways and ramps shall be provided with sturdy handrails on both sides for their full length. All outside open stairwells shall be protected with gates or guards to prevent accidents. All stairways shall be provided with nonskid tread.

9. Handrails equipped with returns are required on both sides of corridors used by residents.

10. Telephone alcoves shall be a minimum of four (4) square feet. Phones shall be located at a level convenient for residents. Doors to telephone alcoves are not recommended.

11. Every home and every part thereof shall be kept clean, free of accumulations of dirt, trash, rubbish, garbage and shall be kept odor free.

12. Be so constructed and maintained as to prevent the entrance and harborage of rats, mice, insects, flies or other vermin.

13. Ceilings of boiler rooms, kitchens, and laundry shall be adequately insulated when the floor directly above them is used.

14. All homes of nonfire resistive construction, of two (2) or more stories, with ten (10) or more residents shall install an automatic sprinkler system acceptable to the State Fire Marshal.

15. All doors through which residents will pass shall be at least thirty inches (30") wide. Wider doors are desirable. All doors opening into the corridor shall be of solid wood or metal having a one (1) hour fire resistive rating. No doors shall swing into the corridor except closet doors.

16. Corridor widths of not less than thirty-six inches (36") shall be provided with wider corridors desirable.

17. The width of stairways shall not be less than three feet (3').

18. Adequate parking space shall be available.

38.453
Section C. Resident Bedrooms

Every existing home shall meet the following requirements:

1. Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms, and built-in drawers, closets or wardrobes.

2. Each multiple-bed room shall have at least eighty (80) square feet usable floor area for each bed exclusive of vestibules, toilet rooms, and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum space between each bed and two feet (2') minimum space between a bed and the wall.

3. No resident room shall have more than four (4) beds. Not more than two (2) beds per resident room is recommended.

4. No bedroom shall have a ceiling height of less than eight feet (8').

5. No room which opens into the kitchen shall be used as a bedroom.

6. No room shall be used as a bedroom if this requires passing through a kitchen to reach the bathroom, living room or out-of-doors.

7. Each room used as a bedroom shall have at least (1) outside window.

8. Each bedroom shall have an adequate clothes closet or wardrobe.

9. Each bedroom shall have a lavatory with hot and cold running water unless provided in an adjoining bathroom or toilet facility.

10. Each bedroom shall have adequate and satisfactory artificial light and be equipped with at least one (1) duplex electric outlet for each bed. There shall be an electric switch in each bedroom near the entrance to control at least one (1) light in the room. Exposed wiring shall be enclosed in conduit. All wiring shall be in compliance with the National Electrical Code and be certified by a licensed electrician. Extension cords shall not be allowed.

11. Residents shall be housed only in rooms designated as bedrooms by the licensing authority. Rooms in which residents are housed shall be used for no other purpose.

12. Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.

13. No resident bedrooms shall be below grade.

14. No part of any room shall be enclosed or subdivided unless such part be separately lighted and ventilated.

15. Resident beds shall not be placed in any area other than approved bedrooms.

38.454
Section D. Bath and Toilet Rooms

Every existing home shall meet the following requirements:

1. Provide separate bathrooms for each sex at a minimum of one (1) bath or shower for each ten (10) beds. Grab bars shall be provided at each bathtub and shower.

2. A toilet room for each sex at a ratio of one (1) water closet to each eight (8) beds shall be provided. Toilet rooms shall have grab bars.

3. Showers should be approximately four feet (4') square and shall have grab bars and curtains. Curbs shall be omitted.

4. No toilet rooms shall open directly into a kitchen, food preparation or storage room. Neither shall it be so located that the resident must pass through any of the above areas to enter the toilet room.

5. All bath and toilet rooms shall be easily accessible and conveniently located. They shall be vented to the outside either by windows that can be opened or by an exhaust fan.

6. Bathroom fixtures shall be of substantial construction, in good repair and designed so that they may be cleaned satisfactorily.

7. Each toilet and bathroom shall be adequately lighted, have a light switch just inside or outside the door and be provided with a mirror for each lavatory.

8. Partial partitions or cubicle curtains shall be installed to provide privacy for each resident when there is more than one (1) in a room.

9. Bathrooms and lavatories shall not be used for cleaning, storing or drying soiled linen or cleaning equipment.

10. Toilet seats shall have waterproof finish.

38.455
Section E. Living, Dining and Recreation Areas

The home shall provide a comfortable area well-furnished and well-lighted for the use of residents. Under no circumstance shall the living room be used as a bedroom.

1. The living, dining or recreation area shall be large enough to provide necessary space for the activities of the residents. This shall be an outside room conveniently located.

2. Dining area shall be well-lighted and large enough to accommodate all residents.

3. The total floor area for dining, living and recreation rooms shall not be less than twenty (20) square feet for each resident bed.

38.456
Section F. Janitor Closet

A janitor's closet should be provided for each service area. The closet should be equipped with hot and cold running water, a service sink and adequate storage space for supplies and equipment. A floor type sink is recommended.

38.457
Section G. Kitchen

Every existing home shall meet the following requirements:

1. A kitchen shall be provided properly located for efficient food service large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. The kitchen area, not including food storage areas should be approximately ten (10) square feet for each resident bed served.

2. Floor surfaces in the kitchen and in all other rooms and areas in which food is stored, prepared or in which utensils are washed shall be of smooth nonabsorbent materials and so constructed as to be easily cleaned. All floors shall be kept clean and in good repair. Floor drains should be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquids.

3. All walls of areas in which food is prepared shall be nonabsorbent, cleanable, smooth and in good repair.

4. All exterior openings shall be effectively protected against flies during fly season.

5. Adequate handwashing facilities shall be provided including hot and cold running water, dispensable soap and disposable towels.

6. Toilet and bathing facilities shall not open directly into food preparation areas.

7. Kitchen should prevent all traffic except that necessary for receiving, preparing and serving of food.

8. Adequate artificial light shall be provided in food service areas.

9. An adequate supply of hot and cold running water under pressure shall be available to rooms in which food is prepared.

10. Dishwashing procedure and equipment must comply with the Regulation for Food Service Establishments as adopted by the Division of Environmental Sanitation of the Montana State Board of Health on January 1, 1966.

38.458
Section H. Storage Space

Every existing home shall provide storage space for supplies, personal possessions of residents and staff, linen and similar items.

38.459
Section I. Laundry Rooms

The laundry area in existing homes shall meet the following requirements:

1. The area shall be so located that it does not require passing through a kitchen, bedroom or toilet room to process the laundry.

2. Laundry equipment shall not be located in a bedroom, toilet room, bathroom or kitchen.

3. Service door and corridor dimensions shall be sufficient to allow for the passage of equipment and supplies.

4. When laundry chutes are used, they shall be a minimum of two (2) hour fire resistive construction with self-closing doors equipped with a positive latch at the top. They shall be provided with a flushing ring, vented to outside atmosphere and have a floor drain, and an automatic sprinkler shall be provided at the top of the chute and at the point of discharge.

5. The following facilities shall be provided when the laundry is done commercially:

   a. Adequate space for sorting, processing and storing soiled linen.

   b. Storage space located to facilitate convenient pickup and deliveries.

   c. Separate storage facilities for clean linen.

38.460
Section J. Office Space

Each existing boarding home shall provide adequate office space to meet the needs of the home.

38.461
Section K. Electrical Requirements

1. All electrical equipment and systems shall be in accordance with applicable local codes and regulations. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

   a. All occupied areas shall be adequately lighted. Resident bedrooms shall have as a minimum a night light and for each bed a reading light. The outlet for general illumination and night light should be switched at the door. Switches in resident rooms should be of an approved mercury or equally quiet type.

b. A battery operated emergency light shall be available at all times.

c. Lighting fixtures shall be furnished for all lighting outlets. If ceiling lights are used in resident rooms, they shall be shielded.

d. Switches in bathrooms shall be located four feet (4') or more from tubs or showers.

e. Artificial lighting shall be sufficient to light the entire room area. Exposed light bulbs shall not be used in resident rooms or areas frequented by residents, such as bathrooms, dining rooms, recreation rooms and corridors.

f. An inspection of the existing electrical system shall be made by a licensed electrician who shall certify that installation meets the requirements of the National Electrical Code.

38.462
Section L. Ventilation

1. Utility rooms, toilets, bathrooms, janitor closets and food storage rooms shall have adequate ventilation.

2. Kitchens and laundries which are located inside the building shall be ventilated by exhaust systems. It is recommended that they discharge the air above the main roof or fifty feet (50') from any window.

   a. The ventilation of these spaces shall comply with the state or local codes. If no codes apply, the air and work spaces should be exhausted at least once every six (6) minutes with the greater part of the air being taken from the flatwork ironer, dryer and range areas.

   b. Air from the laundry sorting area shall be discharged with no recirculation.

38.463
Section M. Plumbing

All plumbing shall comply with applicable local codes, National Plumbing Code and the Montana Plumbing Code.

38.464
Section N. Gas Piping and Appliances

1. Gas piping and appliances shall be approved by the American Gas Association and shall be connected in accordance with the requirements of the utility company furnishing the gas.

2. Gas outlets shall not be provided in resident rooms.

38.465
Section O. Elevators

1. It is recommended, where practical, that elevators be installed if patient rooms are above the street level floor. If elevators are not installed, only those patients who can ascend and descend stairs without assistance may be housed above the street level floor.

2. Passenger elevators shall have a platform size adequate to accommodate wheelchair and attendant.

3. Installation shall comply with all local and State codes, the American Safety Code for Elevators, National Board of Fire Underwriters and the National Electrical Code.

38.466
Section P. Dumb Waiters

Installation of dumb waiters shall comply with all local and State codes, American Standard Safety Codes for Elevators, National Board of Fire Underwriters and the National Electrical Code.

38.500
DIVISION IX. BUILDINGS AND GROUNDS - NEW CONSTRUCTION

38.501
Section A. Site

1. The location must be:

   a. Adjacent to an all-weather road.

   b. In a neighborhood free from excessive noise, dirt and polluted air and away from railroads, main traffic arteries, industrial developments and similar disturbances.

   c. Such that sufficient surrounding land is provided at the time of initial planning. Building should not exceed one-half (1/2) the total site area. Consideration should be given for future planning.

   d. Reasonably accessible to adequate public facilities, physician service, medical facilities, shopping centers and population centers where employees can be recruited.

   e. Free of flood for the previous ten (10) year period.

   f. In compliance with all applicable local ordinances.

   g. Within the jurisdiction of a local fire authority capable of providing adequate fire fighting services.

   h. Within the jurisdiction of law enforcement.

   i. Adequate on-site parking space.

2. Construction Requirements

   All new construction shall comply with the requirements of the codes listed in Section C of this Division. In addition, the following minimum requirements shall be met:

   a. The building and all parts thereof shall be of sufficient strength to support all dead, live and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practices.

   b. Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot (1') below the estimated frost line. Proper bearing values for the soil shall be established in accordance with recognized standards.

   c. Footings, piers and foundation walls shall be adequately protected against deterioration from action of ground water.

d. One (1) story buildings shall be constructed of not less than one (1) hour fire resistive construction throughout except as follows:

   1. Boiler rooms and rooms used for the storage of combustible materials shall be of two (2) hour fire resistive noncombustible construction.

   2. Structures built of other than noncombustible materials shall adhere to the floor area restrictions set forth in the Uniform Building Code.

e. For purposes of evacuation, the window sills of one (1) story buildings constructed of combustible materials shall not be more than six feet (6') above the adjacent ground level.

f. Buildings of more than one (1) story shall be constructed of noncombustible materials using a structural framework of reinforced concrete or structural steel except that load-bearing masonry walls and piers may be utilized for buildings up to and including three (3) stories.

g. The fire-resistive requirements of the various building elements shall follow the requirements of the Uniform Building Code except for modifications listed below:

   1. Corridor partitions shall be one (1) hour fire resistive construction.

   2. Walls enclosing stairways, elevators, laundry, and trash chutes and other vertical shafts, boiler rooms and areas used for storage of combustible materials shall be of a two (2) hour noncombustible construction.

h. Interior finish of all exit ways, storage rooms and all areas of unusual fire hazard shall have a flame spread rating of less than twenty (20).

i. Interior finish of all resident rooms, day rooms and other areas occupied by residents shall have a flame spread rating of less than seventy-five (75).

j. Interior finish of other areas shall have a flame spread rating of less than seventy-five (75) except that ten per cent (10%) of the aggregate wall and ceiling areas of any space many have a flame spread rating up to two hundred (200).

k. Interior finish materials shall be classified in accordance with their flame spread rating on the basis of test approved by the NFPA (see definitions under fire regulations).

l. No carpet or carpet assembly will be allowed in a health care facility which has a flame spread rating of more than seventy-five (75) in accordance with ASTM-E84-61.

Section B. Plans

1. When new construction is contemplated plans shall be submitted before construction is begun to the State Department of Health for review and approval. Plans shall be submitted in two (2) stages:

   a. Preliminary drawings and outline specifications.

   b. Working drawings and construction specifications.

2. Preliminary Drawings

   a. Site Plans - in compliance with Section A.

   b. The preliminary plans must indicate the assignment of all spaces and the size of service areas and bedrooms. A large scale presentation shall be submitted showing fixed and movable equipment in service areas and furniture arrangement including clearance in resident bedrooms.

   c. The plans shall be drawn to a scale sufficiently large to clearly present the proposed design.

   d. The total floor area and number of beds shall be noted on the plans.

   e. The drawings shall include site topography, soil conditions and a plan for each floor including the basement or ground floor.

   f. Outline specifications shall provide a general description of the construction including exterior and interior finishes and mechanical systems.

3. Working Drawings

   a. Working drawings shall be approved by:

      1. Montana State Department of Health

      2. Montana State Fire Marshal

   b. Working drawings and specifications shall be well prepared so that clear, distinct prints may be presented. Accurate dimensions including all necessary explanatory notes, schedules and legends shall be included.

   c. Working drawings and specifications shall be complete and adequate for contract purpose. Separate drawings shall be prepared for each of the following branches of work: architectural, mechanical, and electrical.

d. Plans and specifications shall be certified by an engineer or architect licensed to practice in Montana. All new construction shall be in accordance with applicable local, state and national building codes and regulations. In areas that are not subject to local or state zoning, housing and building codes shall be used as guides insofar as such recommendations are not in conflict with the standards set forth herein. Certification shall state that plans and specifications are in accordance with regulations and standards of the Montana State Department of Health and name the national and local codes applicable.

4. Architectural drawings shall include:

   a. Site plan showing all existing and new topography, existing structures on the site, new building and structures, roadways, walks, parking areas, utilities and structures to be removed under the construction contract.

   b. Plans of each floor and roof

   c. Elevations

   d. Sections of the building

   e. Enlarged scale details as necessary

   f. Plans of foundations, floors, roofs and all intermediate levels showing a complete design with sizes, sections, and the relative location of various members, schedule of beams, girders and columns.

   g. Dimensions of floor levels, column centers, and off-sets.

   h. Dimension of access openings and pipe sleeves unless otherwise noted.

   i. Detail of all special connections, assemblies and expansion joints.

5. Written approval for all proposed construction or existing building utilization is limited to a period of one (1) calendar year from its date of issuance and applies only to one location. Reapproval must be obtained when a new site is considered.

6. All building construction shall be subject to inspection by representatives of local and state agencies.

7. Residents shall not be admitted, housed, treated or cared for in new construction until it is licensed.

8. To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval, in lieu of complete plans and specifications.

38.503
Section C. Construction Codes

1. Where there is a difference between national, state or local codes, the code having the highest standard shall prevail.

2. Compliance with applicable provision of the following codes is mandatory:

   a. National Plumbing Code

   b. Montana Plumbing Code

   c. National Electrical Code

   d. Regulations for Food Service Establishments, Montana State Board of Health

   e. Uniform Building Code of the International Conference of Building Officials

   f. American Concrete Institute

   g. American Institute for Steel Constructors

   h. American Standard Safety Codes for Elevators, Dumb Waiters and Escalators

   i. National Board of Fire Underwriters

   j. All Standards and Codes where applicable to construction as published by the National Fire Protection Association, 60 Batterymarch Station, Boston, Massachusetts.

38.504
Section D. Minimum Design Requirements

1. Administration

   a. Business office

   b. Administrator's office (may be combined with business office)

   c. Lobby or waiting room

   d. Public toilet facilities

   e. Public telephones

2. Ancillary Facilities

   a. Recreation and resident dining room area. Provide at least thirty-seven and one-half (37 1/2) square feet per bed in the boarding home for recreation and resident dining. At least one day room on each resident floor shall have an outside window exposure to equal one-eighth (1/8) of the floor area.

   b. Facilities for religious services (desirable)

   c. Laundry for residents' personal use

   d. Storage for occupational and recreational equipment

   e. Outdoor recreation area

   f. Barber and beauty shop (desirable)

   g. Nourishment center (desirable)

3. Resident unit

   In addition to resident bedrooms, the following facilities are required for resident units:

   a. Toilet facilities

   b. Bathing facilities

   c. A clean linen storage area if linen is stored in the resident area.

   d. Equipment and supply storage

   e. Janitor closet

4. Service Facilities

   a. Kitchen: Ten (10) square feet per resident bed not including storage area is recommended.

      1. Preparation and service area

      2. Refrigeration and dry storage area

      3. Dishwashing room

      4. Garbage and trash disposal

      5. Adequate personnel dining room

      6. Janitor closet

      7. Hand washing sink

b. Laundry area

1. Clean linen facilities

2. Soiled linen facilities

c. Mechanical Facilities

1. Boiler room

2. Maintenance facilities

d. Personnel toilet and locker facilities

e. Storage

1. General storage (fifteen (15) square feet per bed)

2. Resident clothes storage area accessible to residents

3. Storage for outdoor equipment

38.505
Section E. Mechanical Equipment

1. Heating System

a. The building shall be centrally heated by a hot water or steam system.

b. Boilers shall have the necessary capacity when operating at nominal rating to supply the heating system, hot water, and steam operated equipment such as kitchen and laundry equipment. It is recommended that an emergency standby boiler be provided.

c. Temperatures: It shall be possible to maintain a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in each room and occupied space when the outdoor temperature is a minus twenty degrees Fahrenheit (-20° F.). Radiators and convectors, if used, shall be provided with hand control valves except where individual room automatic control is provided.

d. Piping: Steam and hot water piping may be copper pipe and fittings, standard weight steel or iron pipe and cast iron fittings. Pipe used in heating and steam systems shall not be smaller sizes than prescribed by the latest edition of the ASHRAE Guide. The ends of all steam mains and low points in steam mains shall be dripped.

e. The heating system shall be thermostatically controlled in two (2) or more zones per wing.

f. Heating or air conditioning systems shall take at least fifteen percent (15%) of their air from the outside.

g. Corridors and exit halls shall not be used as a plenum for supply or return air to heating or air conditioning systems.

h. Boilers and smoke breeching shall be insulated with coverings not less than one inch (1") magnesia blocks and one-half inch (1/2") plastic asbestos finish. All high pressure steam and return piping shall be insulated with coverings not less than the equivalent of one inch (1"), four (4) ply asbestos coverings. Heating mains in the boiler rooms, in unheated or unexcavated spaces, where concealed, shall be insulated with covering not less than one inch (1") asbestos air cell. All other equivalent noncombustible insulation materials are acceptable.

2. Ventilation

a. Utility rooms, toilets, bathrooms and food storage rooms shall be provided with forced ventilation to change the air at least once every six (6) minutes.

b. Kitchens and laundries shall be located on outside walls to provide natural ventilation.

c. In laundries, washers, flatwork ironers and tumblers are the principal sources of heat and humidity. Separate mechanically operated supply and exhaust systems shall be provided. The outdoor air intake shall be as far removed as possible from all exhaust outlets, incinerators and boiler stacks. The air exhaust outlet shall be located so that discharge will not re-enter the laundry or other areas of the boarding home. It may be desirable to filter the air being exhausted from the soiled linen sorting room. The air supply system should be equipped with filters in accordance with the National Bureau of Standards. It is recommended that a manometer be installed across each filter bed to indicate the need for filter cleaning or replacement. The ventilation supply and exhaust fan serving each area should be electrically interlocked so that failure of either will stop the other.

d. Kitchen and laundry shall be ventilated by exhaust systems which will discharge the air above the main roof or fifty feet (50') from any window. The ventilation of these spaces shall comply with the state or local codes. If no codes govern, these areas shall be exhausted at least once every six (6) minutes with the greater part of air being taken from the flatwork ironer and range areas.

Section F. Plumbing

1. All parts of the plumbing system shall comply with the Montana Plumbing Code and National Plumbing Code with special reference to the following:

   a. The water supply of suitable quality shall be from a safe, sanitary source, the location, construction and operation of which has the approval of the State Department of Health.

   b. Water service shall be brought into the building to comply with the requirements of the local water department and by the State Department of Health.

   c. Supply lines shall be free of cross-connections when an alternate source is available.

   d. Anti-siphonage devices shall be installed where required.

2. Hot water heating equipment shall have sufficient capacity to supply:

   a. Six and one-half (6 1/2) gallons at one hundred ten degrees Fahrenheit (110° F.) per hour per bed for kitchen, utility and resident areas.

   b. An additional four (4) gallons at one hundred eighty degrees Fahrenheit (180° F.) per hour per bed for the dishwasher. A suitable booster shall be installed if necessary.

   c. Three (3) gallons at one hundred eighty degrees Fahrenheit (180° F.) per hour per bed for the laundry.

3. Plumbing fixtures which require hot water and which are accessible to residents' use shall supply water which is thermostatically controlled to provide a maximum temperature of one hundred ten degrees Fahrenheit (110° F.) at the fixture.

4. The hot water storage tank or tanks shall have a capacity sufficient to meet the maximum demand.

5. Where direct fired hot water heaters are used, they shall be of an approved high-pressure type. Submerged steam heating coils shall be of copper. Storage tanks shall be of noncorrosive metal or be lined with noncorrosive material to comply with the ASME Code for pressure vessels.

6. Rain water drains

   a. Leaders shall be provided to drain the water from roof areas to a point from which it cannot flow into the basement or areas around the building.

b. Where dry wells are used, they shall be located at least twenty feet (20') from the building.

7. Sanitary drainage

   a. The building drains shall be of cast iron to a point five feet (5') from the building.

   b. Soil stacks, drains, vents, waste lines and leaders shall be of copper, cast iron or steel except drain lines in back fill shall be of cast iron.

8. Gas piping and appliances

   a. Gas appliances shall be approved by the American Gas Association and connected in accordance with the requirements of the company furnishing the gas.

   b. Gas piping shall be of black iron with malleable fittings.

   c. Gas outlets shall not be provided in resident bedrooms.

9. Insulation tanks and heaters, hot, cold and chilled piping shall be insulated with a noncombustible material with a vapor barrier where required.

10. Plumbing fixtures

   a. Water closets adjoining a resident area shall be of a quiet operating type.

   b. Flush valves shall be designed with no-return stops, backflow preventers and silencers.

   c. Lavatories used by residents shall supply water at least five inches (5") above the top of the lavatory bowl. Lavatories and sinks used by food handling personnel shall be provided with goose-neck spouts and controls not requiring the use of the hands.

   d. Drinking fountains shall be recessed in alcoves, in corridors or recreation areas.

   e. All soil, waste and drain lines shall be tested by water or air tests before they are built in. A smoke or chemical test shall be applied after fixtures have been set. Water pipes shall be hydraulically tested to a pressure equal to twice the working pressure. The test shall demonstrate to the satisfaction of the State Department of Health that there are no leaks, that hot water is circulating satisfactorily, that all taps are properly vented, that there is an ample supply of hot and cold water to all fixtures, that no fixture or equipment can back-siphon and that there are no backflow connections. All pipes on outside walls shall be insulated to prevent freezing.

38.507
Section G. Standpipe Systems

Standpipe systems shall be installed as required by local and State departments having jurisdiction.

38.508
Section H. Sprinkler Systems and/or Smoke Detection Systems

To reduce the danger of fire, automatic sprinkler systems and/or smoke detection systems shall be provided in those areas which are considered hazardous from a fire safety point of view. Such hazardous areas shall include but not be restricted to soiled linen rooms, basement corridors, woodworking shops, trash rooms, storage rooms, laundry and trash chutes. Sprinkler systems and/or smoke detection systems shall be in compliance with the requirements of the Montana State Fire Marshal.

38.509
Section I. Electrical Requirements

1. Code

   a. Electrical installation shall be in accordance with applicable local codes and the regulations. Where such codes are not in effect or where they do not cover special installation, the National Electrical Code shall govern.

   b. The regulations of the local utility company shall govern service connections.

   c. All materials shall be equal to standards established by Underwriters Laboratories, Inc.

2. Connections from the service mains, with meter connections and service switches, shall be installed as required by the local utility company.

3. Separate power and light feeders shall be run from the service to the main switchboard and from there subfeeders shall be provided to the motors and power and light distributing panels. Where there is only one service feeder, separate power and light feeders from the service entrance to the switchboard will not be required.

4. Circuit breakers of a dead front-type fused switches shall be installed to protect all feeders and subfeeders. Motors shall be connected with breakers or fused switches.

5. Light panels shall be provided on each floor for the lighting circuits on that floor. Light panels shall be located near the load centers not more than one hundred feet (100') from the farthest outlet.

6. All occupied areas shall be adequately lighted as required by duties performed in the space.

7. Resident bedrooms shall have as a minimum, general illumination, night light and for each bed a reading light. Ceiling fixtures when used shall be of a type that is shielded.

8. Suitable receptacles shall be located where plug-in service is required. Each bedroom shall have not less than three (3) duplex receptacles, with at least one (1) receptacle near the head of each bed and at each lavatory.

9. Grounding type receptacles shall be installed not more than fifty feet (50') apart in all resident corridors.

10. Wiring for all systems including low voltage shall be installed in conduit.

11. All lighting fixtures, wiring and equipment shall be tested for ground shorts or open circuits and to show that all motors rotate correctly and that all equipment operates as specified. A certificate of approval of the electrical installation in the home shall be issued by the inspector having jurisdiction and shall be furnished to the State Department of Health. This certificate shall indicate that the electrical installation of the new home complies with local and national electrical codes.

38.510
Section J. Elevators and Dumb Waiters

1. Elevators and dumb waiters shall comply with all local and state codes, the American Standard Safety Codes for Elevators, the National Board of Fire Underwriters and the National Electrical Code.

2. Elevators shall be installed in the home if the resident bedrooms are located on floors above the street level. Passenger elevators shall have a platform size adequate to accommodate wheelchair and attendant.

38.511
Section K. Fire Protection Facilities

Fire protection facilities shall comply with the 1966 edition of NFPA Life Safety Code 101. All fire protection facilities must be approved by the Montana State Fire Marshal prior to construction.

38.512
Section L. Resident Rooms

1. Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

2. Each multiple-bed room shall have at least eighty (80) square feet net usable floor area for each bed exclusive of vestibules,

toilet rooms and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum distance between beds, and two feet (2') between the bed and the wall.

3. Wardrobe space shall be provided and shall have minimum clear dimensions twenty-two inches (22") deep by twenty inches (20") wide with full length hanging space and a clothes rod and shelf.

4. No resident bedroom shall have more than four (4) beds. No resident bed shall be more than one (1) bed removed from an outside window. No more than two (2) beds per resident room is recommended.

5. Window areas shall be equal to one-eighth (1/8) of the floor area of the room. Sill heights shall not exceed three feet (3') above the floor. Thirty inches (30") is recommended.

6. Every resident room shall have a lavatory. A toilet room accessible from two (2) adjacent and adjoining resident rooms is acceptable.

7. Every resident room shall have direct access to the corridor and outside exposure. No part of any room shall be enclosed or subdivided unless such part be separately lighted and ventilated.

8. In multiple-bed rooms, each bed shall be provided with a flame resistant cubicle curtain or built-in device for privacy.

9. No resident room shall be located on any floor which is below grade level.

10. Resident beds shall not be placed in any area other than approved bedrooms.

38.513
Section M. Toilet and Bathroom Facilities

1. If centralized toilets are provided, a toilet room for each sex at the ratio of one (1) water closet to eight (8) beds will be required. Appropriate grab bars shall be provided at each water closet.

2. One (1) shower or bathtub for each ten (10) beds not otherwise served is required. There shall be at least one (1) bathtub or shower in each resident unit. Each bathtub or shower enclosure shall provide space for the use of the bathing fixture and for dressing. Grab bars shall be provided at all bathing fixtures. Showers shall not be less than four feet (4') square without curbs.

3. All bathtubs shall have slip-proof mats or strips.

38.514
Section N. Doors, Corridors, Ramps and Stairways

1. All doors through which patients will pass shall be a minimum of three feet eight inches (3'8") wide. All doors opening into the corridor shall be of solid wood or metal having a one (1) hour fire resistive rating. No doors shall swing into the corridor except closet doors.

2. Doors at least three feet (3') wide will be permitted at individual toilets connecting with resident bedrooms.

3. All doors to patient toilets or bathrooms shall swing out. Locks on toilet doors or water closet enclosures shall be operable from the outside.

4. Doors other than those leading into the corridors may be a hollow-core type.

5. Thresholds of interior doorways shall be flush.

6. Corridors used by residents shall be at least eight feet (8') wide. A greater width shall be provided at elevator entrances.

7. Handrails equipped with returns shall be installed on both sides of corridors used by residents.

8. Ramps shall be a minimum of three feet eight inches (3'8") clear width and shall have slopes which do not exceed one inch (1") of fall per foot of length and shall be equipped with approved handrails or bannisters sturdily mounted. The width shall be measured between handrails or bannisters where they project more than three and one-half inches (3 1/2"). Nonslip treads shall be provided.

9. Stairways shall be not less than three feet eight inches (3'8") wide measured between handrails where they project more than three and one-half inches (3 1/2"). Nonslip treads shall be provided.

10. Telephone alcoves shall be a minimum of four (4) square feet. The phone shall be located at a level convenient to residents. Doors to telephone alcoves are not recommended.

38.515
Section O. Kitchen

1. The home shall provide a kitchen properly located for efficient food service, large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required.

2. The kitchen area should be approximately ten (10) square feet, not including storage, for each resident bed.

3. The kitchen shall be located convenient to the dining room, patient rooms and service entrance. The location should prevent all traffic except that necessary for receiving, preparing and serving of food.

4. Walls and ceilings of food preparation and service areas shall be finished with a washable surface.

5. Floors in receiving, preparation and service areas and dishwashing rooms shall be of smooth, nonabsorbent materials. Floor construction shall permit easy cleaning.

6. Floor drains shall be provided.

7. There shall be adequate artificial light available for work surfaces.

8. Electrical systems shall be of sufficient capacity to supply initial equipment and to permit additions as needed.

9. A suitable layout of equipment shall be provided to permit convenient operation, healthful working conditions, good sanitation and control of heat, noises and odors.

38.516
Section P. Laundry

1. Laundry facilities shall be arranged to provide physical separation of clean and dirty areas. It is recommended that the facility install washer extractors with doors on each side. This washer extractor is designed for installation in a wall between the soiled and clean operation with the equipment and loading door of the washer extractor located in the soiled area and the unloading door located on the opposite side of the wall in the clean area.

2. The laundry equipment shall be designed and installed to comply with all local and state codes. Washer extractor, tumbler and ironer shall be provided with all safety devices and meet sanitary requirements. Sprinklers shall be provided if the equipment is gas fired.

3. Washers shall have a combined rating capacity of not less than four (4) pounds of dry laundry per day per resident bed when operating not more than forty (40) hours per week. If a standby washer is not available, arrangements shall be made with outside or commercial laundries for service.

4. There shall be a tumbler with a rated capacity equal to twenty-five percent (25%) of the washer when operating forty (40) hours a week.

5. There shall be an extractor with a daily capacity equal to that given above for the washers.

6. A flatwork ironer with a capacity equal to seventy percent (70%) of the washer capacity when operating forty (40) hours per week shall be provided.

7. Laundry facilities must be so located that it is not necessary to pass through a kitchen, bedroom or toilet room in order to reach the laundry.

8. Laundry facilities shall not be located in areas that are used by residents.

9. When laundry chutes are used, they shall have a minimum diameter of two feet (2') and be constructed of two (2) hour fire resistive material separated from the corridor in a room or closet of not less than one (1) hour fire resistive construction. The entrance doors to such rooms or closets shall be a Class "B" one (1) hour fire door. Chutes shall terminate or discharge directly into a linen collection room separated from the incinerator or laundry and shall be equipped with flushing ring, vented to the atmosphere with a floor drain at the point of discharge. An automatic sprinkler shall be provided at the top of the chute and at the discharge point.

10. The following facilities shall be provided when the laundry is done commercially:

    a. Adequate space for sorting, processing and storing soiled linen.

    b. Storage space located to facilitate convenient pickup and deliveries.

    c. Separate storage facilities for clean linen.

38.517
Section Q. Ceiling and Insulation

1. The minimum ceiling height shall be eight feet (8') except in the following areas:

    a. Boiler room - not less than thirty inches (30") above the main boiler header and connecting piping.

    b. Laundry - not less than ten feet (10').

    c. Kitchen - not less than ten feet (10').

2. Ceilings of boiler rooms, kitchens, and laundries shall be insulated and ventilated when the floor above them is to be used.

Section R. Finishes

1. Floors and base

   a. Floors and base of the following areas shall have smooth, easily-cleaned, moisture-resistant, resilient flooring or ceramic flooring:

      1. Toilets
      2. Baths
      3. Food storage areas
      4. Janitor closets
      5. Dining rooms
      6. Recreation rooms
      7. Resident rooms

2. Walls

   a. All walls shall have a smooth washable finish, free from cracks or spaces which may harbor vermin.

   b. All walls of high moisture areas shall have waterproof finishes.

3. Ceilings

   a. Ceilings shall be capable of being kept clean.

   b. The ceilings of all corridors in resident areas shall be acoustically treated with noncombustible material.

4. Wainscot

   a. A wainscot of appropriate material is recommended in all rooms and corridors for protection of walls against damage.

1. Residential dwellings converted to boarding homes may be licensed providing they meet all of the applicable requirements of these standards. The following apply specifically to this type of structure:

   a. The total occupancy of the home shall not exceed nine (9) persons including the residents, operator, operator's family and resident employees.

   b. The room and corridor arrangement of the dwelling will dictate the number of beds licensed, taking into account the number of persons in the immediate family residing in the home. The maximum number of resident beds in this type of facility shall be eight (8).

   c. Every single bed room shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

   d. Each multiple-bed room shall have at least eighty (80) square feet of usable floor area for each resident bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum distance between each bed with two feet (2') minimum distance between the beds and the walls.

   e. Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.

   f. No resident room shall be below grade.

   g. No resident room shall have more than four (4) beds. Not more than two (2) beds per resident room is recommended.

   h. No resident room shall have a ceiling height of less than eight feet (8').

   i. Doors to resident rooms and exit doors shall not be less than thirty inches (30") in width. Wider doors are recommended.

   j. Corridors shall not be less than thirty-six inches (36") in width. Wider corridors are desirable.

2. When such conversion of small residential dwellings is contemplated, the proposal shall be submitted to the State Department of Health for review and approval prior to conversion.

3. In the case of new construction or additions to the dwelling, the standards for new construction shall apply.

4. When any major remodeling or construction is contemplated involving major additions or major alterations which would upset the functional operation of the facility, complete plans and specifications must be submitted to the Department of Health for approval prior to starting construction. The New Construction Standards will be applicable. The entire proposed completed unit shall function adequately, otherwise licensure of the entire unit may be denied.

REGULATION 39.

APPENDIX: JOINT RULES, REGULATIONS AND STANDARDS FOR HANDLING DRUGS IN HOSPITALS, HOMES FOR THE AGED, NURSING HOMES AND RELATED INSTITUTIONS

ADOPTED BY:
State Board of Pharmacy 4/9-10/60
State Board of Health 2/4/61

# JOINT RULES, REGULATIONS AND STANDARDS FOR HANDLING DRUGS IN HOSPITALS, HOMES FOR THE AGED, NURSING HOMES AND RELATED INSTITUTIONS

## 39.100 - PART I - GENERAL INFORMATION

### 39.101 - A. Introduction

Because of its role in the licensing and supervision of hospitals, homes for the aged, nursing homes and related institutions, the Montana State Board of Health has certain responsibilities with regard to the handling of drugs in such institutions. Because of its role in the licensing and supervision of pharmacies and its general statutory duty to supervise the compounding, dispensing, vending and selling at retail of drugs, the Montana State Board of Pharmacy also has certain responsibilities in connection with the handling of drugs.

From time to time, both the Montana State Board of Health, after consultation with and approval of the Montana Hospital Advisory Council, and the Montana State Board of Pharmacy have issued regulations and standards which, to a greater or lesser extent, have dealt with the handling of drugs. Insofar as the said regulations and standards are in conflict with these Joint Rules, Regulations and Standards, which for short are referred to as Standards, the said regulations are deemed to be amended hereby. A list of these regulations and standards, together with date of issuance or latest revision is as follows:

Licensing Law and Standards for Hospitals and Related Institutions
(Board of Health -- 1957)
Licensing Law and Standards for Homes for the Aged
(Board of Health -- 1960)
Regulation No. 104. Hospital Regulation
(Board of Pharmacy -- 1954)

The following standards are, of course, minimum requirements. It is the desire of both Boards that they form a basis for development of higher standards. To accomplish this end it is the intention of both Boards to make suggestions and disseminate the latest information as to current good practice in drug handling in hospitals, homes for the aged, nursing homes and related institutions. In order to assist such institutions as much as possible, and for the protection of the health and welfare of the people of the State of Montana, this type of material, as well as consultative service, will be made available wherever and whenever possible upon inquiry at either the State Board of Health or the State Board of Pharmacy.

### 39.102 - B. Legal Authority

Chapters 24 and 29 of Title 69, Revised Codes of Montana, 1947, as amended, require that all operators of boarding homes or nursing homes for the aged operated for compensation or hire and all hospitals and related institutions in Montana, except those operated by the United States

Government are required to be licensed by the State Board of Health, and this Board is specifically granted authority to issue rules and regulations in connection therewith. Chapter 15 of Title 66, Revised Codes of Montana, 1947, as amended, requires all pharmacies and pharmacists to obtain licenses from the Montana State Board of Pharmacy and this Board is specifically granted the power and duty to regulate the practice of pharmacy, to regulate pharmacies and to regulate, under therapeutic classification, the sale of drugs, medicines, chemicals and poisons and their labeling, and to regulate the quality of all drugs and medicines dispensed in this state.

39.103 - C. Applicability of Standards

Unless otherwise specifically stated, these standards apply to all hospitals, homes for the aged, nursing homes, and related institutions as of July 1, 1962.

These standards do not apply to, nor in any way interfere with, the procedures for the handling of narcotic drugs as set forth in Federal or State statutes or regulations. Likewise, these standards do not apply to proprietary drugs, but these standards shall apply to all other drugs and medicines.

39.104 - D. Definitions - Institutions and Classifications Thereof

Class I Institution - The term "Class I Institution" shall mean an institution which maintains a certified pharmacy in charge of a licensed pharmacist who provides pharmaceutical services for said institution for not less than forty (40) hours per week.

Class II Institution - The term "Class II Institution" shall mean an institution which does not maintain a pharmacy in charge of a licensed pharmacist who provides pharmaceutical services for said institution for not less than forty (40) hours per week but does maintain a properly qualified drug room.

Class III Institution - The term "Class III Institution" shall mean any other institution.

Home for the Aged - The term "Home for the Aged" shall mean a home where two (2) or more aged persons are residing and boarding, or receiving nursing care, operated by any persons for compensation or hire, whether such aged persons are receiving public assistance from the State of Montana or any county therein, or are supported in whole or in part by their own or private funds or resources.

Hospital - The word "Hospital" means a place maintaining a pharmacy or a drug room and devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care for not less than twenty-four (24) hours in any week of two (2) or more nonrelated individuals suffering from illness, disease, injury or deformity, or a place devoted primarily to providing for not less than twenty-four (24) hours in any week, obstetrical, or medical care for two (2) or more nonrelated individuals. The term hospital includes public health centers.

Institution - The word "Institution" shall mean either a hospital, home for the aged, nursing home or related institution as the context may indicate.

Nursing Home - A facility which is operated in connection with a hospital, or in which nursing care and medical services are prescribed but are performed under the general direction of persons licensed to practice medicine or surgery in the State, for the accommodation of convalescent or other persons who are not acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services. The term "Nursing Home" shall be restricted to those facilities, the purpose of which is to provide skilled nursing care and related medical services for a period of not less than twenty-four (24) hours per day to individuals admitted because of illness, disease, or physical or mental infirmities and shall not include surgical, obstetrical or emergency service.

39.105- E. Definitions - Drug Facilities and Classifications Thereof

Drug Facility - The term "drug facility" shall mean a collection or supply of drugs as authorized by these standards and shall include the following:

Pharmacy
Drug Room
Drug Cabinet
Emergency Tray
Emergency Treatment Room Stock
Nursing Station Stock
Surgery Supply Stock
Emergency Reserve Stock

Pharmacy - A pharmacy is a drug facility and the term "pharmacy" shall mean an established place maintained in Class I Institutions and regularly certified by a State Board of Pharmacy, in which prescriptions, drugs, medicines, chemicals and poisons are compounded, dispensed, vended or sold at retail.

Drug Room - A drug room is a drug facility and the term "drug room" shall mean a room maintained in Class II Institutions where all supplies of drugs, other than Nursing Station Stocks, Emergency Trays, Emergency Treatment Room Stocks, Surgery Supply Stocks and Emergency Reserve Stocks are stored. A drug room must be registered with the State Board of Pharmacy.

Drug Cabinet - A drug cabinet is a drug facility and the term "drug cabinet" shall mean a room or cabinet for the storage of the drugs of patients in Class III Institutions.

Emergency Tray - An emergency tray is a drug facility and the term "emergency tray" shall mean a tray or other receptacle containing a representative stock of life-saving drugs.

Emergency Treatment Room Stock - The emergency treatment room stock is a drug facility and the term "emergency treatment room stock" means a collection or supply of drugs kept or maintained in the emergency treatment room of any hospital which is staffed and equipped to provide emergency services.

Nursing Station Stock - Nursing station stock is a drug facility and the term "nursing station stock" means a supply or collection of drugs maintained at each nursing station in every institution.

Surgery Supply Stock - The surgery supply stock is a drug facility and the term "surgery supply stock" means a collection or supply of drugs kept or maintained in any hospital in surgery, delivery, preparation, recovery or other rooms used in conjunction with surgery or delivery.

Emergency Reserve Stock - The emergency reserve stock is a drug facility and the term "emergency reserve stock" means a collection or supply of drugs not normally stocked in the nursing station stock or on the emergency tray, the availability of which may be considered necessary for emergency use for hospital patients.

39.106 - F. Definitions - General

Administer Drugs and Administration of Drugs - The terms "administer drugs" and "administration of drugs" shall mean to furnish individual doses of drugs to residents of institutions.

Board of Health or State Board of Health - The terms "Board of Health" or "State Board of Health" shall mean the Montana State Board of Health.

Board of Pharmacy or State Board of Pharmacy - The terms "Board of Pharmacy" or "State Board of Pharmacy" shall mean the Montana State Board of Pharmacy.

Chart Order - The term "chart order" shall mean an entry made on a patient's institution chart or record by a duly licensed physician and surgeon or dentist who is duly authorized to practice in the institution where the patient is resident and who is duly authorized to treat said patient, by which he orders the administration of drugs to his patient.

Chemical - The word "chemical" shall mean all medicinal or industrial substances, whether simple or compound or obtained through the process of the science and art of chemistry, whether of organic or inorganic origin.

Dispense - The word "dispense" shall mean the act of a licensed pharmacist in compounding or dispensing drugs on the prescription of a licensed physician and surgeon, or dentist or the act of a licensed pharmacist in compounding, dispensing, preparing, furnishing or issuing drugs for use in the Emergency Tray, Emergency Treatment Room Stock, Nursing Station Stock, Surgery Supply Stock or Emergency Reserve Stock of any institution. For purposes of these standards the word "dispense" includes the following:

(a) The act of a licensed pharmacist in issuing more than one dose of drugs in a container other than the original, the new container being properly labeled by said pharmacist as to contents and/or directions for use as ordered by a duly licensed physician and surgeon or dentist.

(b) The act of a licensed pharmacist in compounding, dispensing, preparing, furnishing, or issuing drugs in a container other than the original, the new container being properly labeled by said pharmacist

for use in a drug facility in an institution. For purposes of these standards the word "dispense" does not include the act of a registered nurse in transferring a drug from an original container to a properly labeled container in the drug room of a Class II Institution to be used in a drug facility in said Institution where said registered nurse has been designated to be in charge of such drug room because no licensed pharmacist is reasonably available as hereafter provided.

Drug - The word "drug" means (1) articles recognized in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States, or official national formulary, or any supplement to any of them; and (2) articles intended for use in diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals; and (3) articles (other than food) intended to affect the structure or any function of the body of man or other animals; and (4) articles intended for use as a component of any article specified in clause (1), (2) or (3); but does not include devices or their components, parts or accessories. For purposes of these standards, the term "drug" does not include narcotic drugs or proprietary drugs but does include medicine and medicinal poisons and chemicals as the context may indicate.

Duly Licensed - The term "duly licensed" when applied to a person shall mean that the person to whom the term is applied has been duly and regularly licensed by the proper authorities to follow his or her profession or vocation within the State of Montana, when applied to an institution shall mean that the institution has been duly and regularly licensed by the Board of Pharmacy.

Emergency Treatment - The term "emergency treatment" means that treatment given persons who are admitted to a hospital for an acute illness or injury, either as temporary or regular patients, and for whom a hospital chart or medical record is prepared.

Medicine - The word "medicine" shall mean any remedial agent which has the property of curing, preventing, treating or mitigating diseases, or which is used for such purpose.

Narcotic Drugs - The term "narcotic drugs" shall mean coca leaves, opium, cannabis, marihuana, Indian hemp, isonipecaine, amidone, isoamidone, keto-bemidone, and every substance neither chemically nor physically distinguishable from them; any other drugs to which the federal narcotic laws may now apply; and any drug found by the Board of Health, after reasonable notice and opportunity for hearing, to have an addiction-forming or addiction-sustaining liability similar to morphine or cocaine, from the effective date of determination of such finding by said Board of Health.

Original Container - The term "original container" means a container which has been packed by a licensed manufacturer and which is labeled in compliance with Federal and State law and the Rules and Regulations of the Board of Pharmacy.

Patient - The word "patient" shall mean any individual who is a resident of an institution and is undergoing treatment by a duly licensed physician and surgeon or dentist.

Pharmacist - The word "pharmacist" shall mean a natural person licensed by the Board of Pharmacy to prepare, compound, dispense and sell drugs, medicines, chemicals and poisons.

Poison - The word "poison" shall mean any substance, which when introduced into the system, either directly or by absorption, produces violent, morbid or fatal changes or which destroys living tissue with which it comes in contact.

Prescription - The word "prescription" shall mean an order by a duly licensed physician and surgeon or dentist to a pharmacist for the compounding or dispensing of drugs to or for a patient.

Proprietary Drugs - The term "proprietary drugs" means ordinary household or medicinal drugs prepared in sealed packages or bottles by a manufacturer when such drugs are plainly labeled and the name and address of such manufacturer appears conspicuously on each package. The term "proprietary drugs" also includes patent or proprietary medicine in the original package when plainly labeled, and such non-medical articles as are commonly carried in their ordinary household drug stock by stores holding a Board of Pharmacy store license.

*Registered Drug Room - Any drug room in a licensed hospital, nursing home, or extended care facility which does not employ a full-time pharmacist, must be registerd with the State Board of Pharmacy.

Registered Nurse - The term "registered nurse" means a nurse currently licensed as a registered nurse by the Montana State Board of Nursing.

Resident - The word "resident" shall mean any individual residing and being cared for in an institution.

* The words "drug room" appearing in these regulations shall mean "registered drug room."

## 39.150 - PART II - CLASSIFICATION OF INSTITUTIONS AND DRUG FACILITY STANDARDS

### 39.151 - A. Classification

All institutions are classified into three classes as follows:

Class I Institution - The term "Class I Institution" shall mean an institution which maintains a certified pharmacy in charge of a licensed pharmacist who provides pharmaceutical services for said institution for not less than forty (40) hours per week.

Class II Institution - The term "Class II Institution" shall mean an institution which does not maintain a pharmacy in charge of a licensed pharmacist who provides pharmaceutical services for said institution for not less than forty (40) hours per week but does maintain a properly qualified drug room.

Class III Institution - The term "Class III Institution" shall mean any other institution.

### 39.152 - B. Drug Facilities Required and Permitted

Drug Facilities in Class I Institutions

Every Class I Institution shall have the following drug facilities:

Pharmacy
Emergency Tray (one (1) or more)
Emergency Treatment Room Stocks in cases where it has an Emergency Treatment Room
Nursing Station Stock (at each nursing station)

Class I Institutions may have the following drug facilities:

Surgery Supply Stock
Emergency Reserve Stock

Drug Facilities in Class II Institutions

Every Class II Institution shall have the following drug facilities:

Registered Drug Room
Emergency Tray (one (1) or more)
Emergency Treatment Room Stocks in cases where it has an Emergency Treatment Room
Nursing Station Stock (at each nursing station)

Class II Institutions may have the following drug facilities:

Surgery Supply Stock
Emergency Reserve Stock

Drug Facilities in Class III Institutions

Every Class III Institution shall have any other facility.

Drug Facilities in Hospitals

Every hospital must qualify as either a Class I or Class II Institution and, accordingly, must have either a pharmacy or a drug room.

39.153 - C. Drug Facility Standards

1. Types of recognized drug facilities

Drug facility is the term used to designate collections or supplies of drugs recognized by these standards. No other collections or supplies of drugs are recognized, authorized or allowed in any institution. The recognized drug facilities are as follows:

Pharmacy
Registered Drug Room
Drug Cabinet
Emergency Tray
Emergency Treatment Room Stock
Nursing Station Stock
Surgery Supply Stock
Emergency Reserve Stock

2. Standards and regulations for each type of drug facility are as follows:

a. Pharmacy - The pharmacy is the basic drug supply facility in Class I Institutions and the term "pharmacy" means an established place maintained in Class I Institutions and regularly certified by the State Board of Pharmacy, in which prescriptions, drugs, medicines, chemicals, and poisons are compounded, dispensed, vended or sold at retail.

The pharmacy must meet all requirements of law and comply with all rules and regulations relative to space, equipment, supplies, and cleanliness, and must be under the immediate supervision of a licensed pharmacist at all times it is open to provide pharmaceutical services. All drugs shall be originally stored in the pharmacy and shall be dispensed only by a licensed pharmacist. He shall dispense drugs only upon the chart order or prescription of a duly licensed physician and surgeon or dentist who is duly authorized to practice in said institution except that he may dispense drugs without a chart order or prescription to complete the supply of drugs required to be maintained in said institution in the emergency tray or trays, the emergency treatment room stock, the nursing station stock, the surgery supply stock and the emergency reserve stock.

When the pharmacist dispenses drugs without a chart order or prescription to complete the supply of drugs required to be maintained in the emergency tray or trays, emergency treatment room stock, nursing station stock, surgery supply stock or emergency reserve stock, he may dispense such drugs only upon a requisition form signed by the registered nurse in charge of the floor, ward, or drug facility to which the drug is

to be assigned, or by the registered nurse designated as drug nurse at the nursing station. Such requisition shall be numbered and must show the name of the drug, its strength, the quantity ordered and the location or identity of the nursing station or drug facility where it is to be stocked.

All drugs issued by the pharmacy shall be considered as pharmacy stock until such drugs are actually administered to patients and chart records are completed.

The pharmacist shall not administer drugs and, except in emergency, drugs shall not be administered from a hospital pharmacy but shall only be administered from the emergency tray, emergency treatment room stock, nursing station stock, surgery supply stock or emergency reserve stock.

Adequate pharmaceutical and administrative facilities shall be provided for the pharmacy, including especially:

(a) the necessary equipment for the compounding, dispensing and manufacturing of drugs.

(b) bookkeeping supplies and related materials and equipment necessary for the proper administration of the pharmacy.

(c) an adequate library and filing equipment to make information concerning drugs readily available to authorized persons.

(d) special locked storage space to meet the legal requirements for storage of narcotics, alcohol and other prescribed drugs.

(e) a refrigerator for the storage of biologicals and other drugs requiring refrigeration.

b. Drug Room - The drug room is the basic drug supply facility in Class II Institutions and the term "drug room" means a room maintained in Class II Institutions where all supplies of drugs, other than nursing station stocks, emergency trays, emergency treatment room stock, surgery supply stock and emergency reserve stocks are stored.

The Administrator or other person in charge of the institution shall designate one (1) person to be in charge of the drug room. The person designated to be in charge of the drug room shall be a licensed pharmacist when a licensed pharmacist is reasonably available. When a part-time licensed pharmacist is designated to be in charge of said room, a registered nurse may be designated as his assistant, in which case said registered nurse may have access to said room in his absence, subject to his control and continuing supervision.

When a licensed pharmacist is not reasonably available, a registered nurse may be designated to be in charge of the drug room.

The drug room shall be securely locked at all times when persons authorized to have access thereto are not present. The following shall be the only persons authorized to have access:

The Superintendent of Nurses
The registered nurse in charge of the hospital during night hours
The person designated to be in charge of the drug room

The pharmacist shall not administer drugs and, except in emergency, drugs shall not be administered from a hospital drug room but shall only be administered from the emergency tray, emergency treatment room stock, nursing station stock, surgery supply stock or emergency reserve stock.

Drugs may be issued from the drug room to complete the supply of drugs required to be maintained in the emergency tray or trays, emergency treatment room stock, nursing station stock, surgery supply stock or emergency reserve stock but such drugs may be issued only upon a requisition form signed by the registered nurse in charge of the floor, ward, or drug facility to which the drug is to be assigned, or by the registered nurse designated as drug nurse at the nursing station. Such requisition shall be numbered and must show the name of the drug, its strength, the quantity ordered and the location or identity of the nursing station or drug facility where it is to be stocked.

Adequate facilities shall be provided for the drug room, including especially:

(a) bookkeeping supplies and related materials and equipment necessary for the proper administration of the drug room.

(b) special locked storage space to meet the legal requirements for storage of narcotics, alcohol and other prescribed drugs.

(c) a refrigerator for the storage of biologicals and other drugs requiring refrigeration.

c. Drug Cabinet - The drug cabinet is the only drug supply facility in Class III Institutions and the term "drug cabinet" means a room or cabinet for the storage of the drugs of patients in such institutions. All drugs in the drug cabinet must be drugs which have been compounded, dispensed or filled in a licensed pharmacy by a licensed pharmacist upon the duly authorized prescription of a duly licensed physician and surgeon or dentist. Such prescription must have been specifically written for a patient to whom drugs are currently being administered and who is resident in the institution.

The drug cabinet shall be securely locked at all times when persons authorized to have access thereto are not present. The administrator of each Class III Institution shall designate the person or persons authorized to administer drugs to patients resident in said institution and only such person or persons shall have access to the drug cabinet.

No proprietary drugs shall be stored or kept in the drug cabinet.

d. Emergency Tray - In general. The emergency tray is a tray or other receptacle containing a representative stock of life-saving drugs. At least one (1) emergency tray shall be available for emergency

treatment in every hospital. The tray shall be immediately available to all members of the registered nursing staff, at nursing stations where such drugs are deemed necessary by the Medical Staff or the Pharmacy Committee of the hospital, for administration on orders of a licensed physician and surgeon or dentist.

The Medical Staff or Pharmacy Committee of the hospital shall designate the drugs which shall be included in the stock of the emergency tray or trays and shall designate the place or places where said tray or trays shall be available.

A list of the drugs designated by the Medical Staff or Pharmacy Committee to be included on the emergency tray, the quantities thereof, shall be made available at all places where said trays are ordered to be available and such lists together with said trays shall be available to the proper state inspectors.

Drugs may be administered from the emergency tray by a duly licensed physician and surgeon, dentist or nurse who complies with the requirements set forth in the section of these regulations entitled "Administration of Drugs."

In Class I Institutions

The drugs in the emergency tray of a Class I Institution shall be properly requisitioned from the pharmacy and shall be dispensed by a licensed pharmacist in a container which is properly labeled by him for emergency tray use. When an emergency arises in the absence of the pharmacist an original container may be temporarily used.

In Class II Institutions

The drugs in the emergency tray of a Class II Institution shall be properly requisitioned from the drug room or shall have been properly dispensed by a licensed pharmacist in a certified pharmacy. Such drugs shall be in containers, the labels of which shall be in full compliance with the requirements of Federal and State law and the Rules and Regulations of the Board of Pharmacy. Such containers shall contain not more than one hundred (100) human doses and the contents of one such container must be administered and properly recorded before a second container is opened.

e. Emergency Treatment Room Stock

In General

The emergency treatment room stock is the collection or supply of drugs kept in the emergency treatment room of any hospital which is staffed and equipped to provide emergency services.

The Medical Staff or the Pharmacy Committee of each hospital shall designate the drugs to be included in this stock but, in any event, those drugs listed as official antidotes for the treatment of acute poisoning must be included.

A list of the drugs so designated, and the quantities thereof, shall be made available in the emergency treatment room and shall be made available to the proper state inspectors.

Drugs may be administered from the emergency treatment room stock by a duly licensed physician and surgeon, dentist or registered nurse who complies with the requirements set forth in that section of those regulations entitled "Administration of Drugs."

When an emergency patient is released from the hospital after treatment, the attending physician and surgeon or dentist may furnish the patient with that amount of drugs which is necessary to continue treatment until a supply of such drugs is otherwise available. The quantity so furnished shall be limited to that amount necessary for the immediate needs of the patient, and shall not exceed that amount necessary for a normal twenty-four (24) hour supply.

Records of administration of drugs, including name, strength and quantity of drugs furnished, shall be maintained on hospital charts or medical records of emergency patients in the same manner as entries for regular hospital patients.

In Class I Institutions

The drugs in the emergency treatment room stock of a Class I Institution shall be properly requisitioned from the pharmacy and shall be dispensed by a licensed pharmacist in a container which is properly labeled by him for emergency treatment room use. When an emergency arises in the absence of the pharmacist an original container may be temporarily used.

In Class II Institutions

The drugs in the emergency treatment room stock of a Class II Institution shall be properly requisitioned from the drug room or shall have been properly dispensed by a licensed pharmacist in a certified pharmacy. Such drugs shall be in containers, the labels of which shall be in full compliance with the requirements of Federal and State law and the Rules and Regulations of the Board of Pharmacy. Such containers shall contain not more than one hundred (100) human doses and the contents of one such container must be administered and properly recorded before a second container is opened.

f. Nursing Station Stock

In General

The nursing station stock is the collection or supply of drugs maintained at each nursing station in every hospital. The Medical Staff or the Pharmacy Committee of each hospital shall designate the drugs necessary for administration to hospital patients to be included in this stock. This stock shall be maintained in a secure place at each nursing station in the hospital where deemed necessary by the Medical Staff or Pharmacy Committee.

The type and quantity of drugs in each nursing station stock may vary according to the needs of the particular floor or ward or drug facility where the stock is to be available for administration. The quantities designated by the Medical Staff or the Pharmacy Committee should be sufficient to furnish a normal forty-eight (48) hour supply.

A list of the drugs designated, and the quantities thereof, shall be made available at each nursing station where the particular stock is placed and shall be made available to the proper state inspectors. No drugs shall be included in the nursing station stock except those duly designated as set forth above, provided that drugs required for administration in compliance with a chart order and not normally included in nursing station stock may be temporarily added to said stock during the time such order is in effect.

Drugs may be administered from the nursing station stock by a duly licensed physician and surgeon, dentist or registered nurse who complies with the requirements set forth in that section of these regulations entitled "Administration of Drugs."

In Class I Institutions

The drugs in the nursing station stock of a Class I Institution shall be properly requisitioned from the pharmacy and shall be dispensed by a licensed pharmacist in a container which is properly labeled by him for nursing station use. When an emergency arises in the absence of the pharmacist an original container may be temporarily used.

In Class II Institutions

The drugs in the nursing station stock of a Class II Institution shall be properly requisitioned from the drug room or shall have been properly dispensed by a licensed pharmacist in a certified pharmacy. Such drugs shall be in containers, the labels of which shall be in full compliance with the requirements of Federal and State law and the Rules and Regulations of the Board of Pharmacy. Such containers shall contain not more than 100 human doses and the contents of one such container must be administered and properly recorded before a second container is opened.

g. Surgery Supply Stock

In General

The surgery supply stock is the collection or supply of drugs kept or maintained in any hospital in each surgery, delivery, preparation, recovery, or other room used in conjunction with surgery or delivery. Such a stock shall be maintained in a secure place at each place in the hospital where deemed necessary by the Medical Staff or Pharmacy Committee.

The type and quantity of drugs in each surgery supply stock may vary according to the needs of the particular room where the stock is to be available for administration but the Medical Staff or Pharmacy Committee of each hospital shall designate the drugs necessarily to be included in each surgery supply stock and the type and quantity thereof.

A list of the drugs designated, and the quantities thereof, shall be made available at each location where the particular surgery supply stock is placed and shall be made available to the proper state inspectors.

In Class I Institutions

Drugs may be administered from the Surgery Supply Stock by a duly licensed physician and surgeon, dentist or registered nurse who complies with the requirements set forth in that section of these regulations entitled "Administration of Drugs."

The drugs in a surgery supply stock of a Class I Institution shall be properly requisitioned from the pharmacy and shall be dispensed by a licensed pharmacist in a container which is properly labeled by him for the appropriate surgical supply stock. When an emergency arises in the absence of the pharmacist an original container may be temporarily used.

In Class II Institutions

The drugs in the surgery supply stock of a Class I Institution shall be properly requisitioned from the drug room or shall have been properly dispensed by a licensed pharmacist in a certified pharmacy. Such drugs shall be in containers, the labels of which shall be in full compliance with the requirements of the Federal and State law and the Rules and Regulations of the Board of Pharmacy. Such containers shall contain not more than 100 human doses and the contents of one such container must be administered and properly recorded before a second container is opened.

h. Emergency Reserve Stock

In General

The emergency reserve stock is the collection or supply of drugs not normally stocked in the nursing station stock or on the emergency tray, the availability of which may be considered necessary for emergency use for hospital patients.

The Medical Staff or the Pharmacy Committee of each hospital shall designate the drugs to be included in this stock, the quantities thereof and the place where said stock is to be stored.

A list of the drugs so designated, and the quantities thereof, shall be made available at the place where said stock is stored and shall be made available to the proper state inspectors.

The emergency reserve stock shall be kept in a securely locked container or room and the key thereto shall be in the possession, at all times, of the Superintendent of Nurses or the registered nurse in charge of the hospital during night hours.

In Class I Institutions

The drugs in the emergency reserve stock of a Class I Institution shall be properly requisitioned from the pharmacy and shall be dispensed by a licensed pharmacist in a container which is properly labeled by him for emergency reserve stock use.

In Class II Institutions

The drugs in the emergency reserve stock of a Class II Institution shall be properly requisitioned from the drug room or shall have been properly dispensed by a licensed pharmacist in a certified pharmacy. Such drugs shall be in containers, the labels of which shall be in full compliance with the requirements of the Federal and State law and the Rules and Regulations of the Board of Pharmacy. Such containers shall contain not more than 100 human doses and the contents of one such container must be administered and properly recorded before a second container is opened.

## 39.200 - PART III - GENERAL RULES FOR INSTITUTIONAL DRUG HANDLING

39.201 - A. Dispensing of Drugs

No one may dispense drugs except a licensed pharmacist.

39.202 - B. Administration of Drugs

No one may administer any drugs in any institution except under the following circumstances.

1. Class I and Class II Institutions

(a) By Physicians and Surgeons and Dentists

(1) A duly licensed physician and surgeon or dentist may administer drugs to any patient who is a resident of said institution if said physician and surgeon or dentist is duly authorized to practice in said institution and is duly authorized to treat said patient.

(2) A duly licensed physician and surgeon or dentist may administer drugs to any patient in an emergency.

(b) By Nurses

(1) A registered nurse may administer drugs to any patient who is a resident of a hospital from a prescription or from nursing station stock on the charted orders of a duly licensed physician and surgeon or dentist.

(2) A registered nurse may administer drugs to any patient who is a resident of a hospital from a prescription, from nursing station stock, from the emergency tray, from the emergency treatment room stock or the surgery supply stock on the oral orders of a duly licensed physician and surgeon or dentist who is duly authorized to practice in said hospital, when such practice is permitted by law. At the time of administering said drugs said nurse must enter the said oral order and the facts relative to said administration on the patient's chart and said order, so entered on the chart, must be initialed or signed by the said physician and surgeon or dentist within twenty-four (24) hours or during his next regular visit to the hospital.

(3) A registered nurse may administer drugs to any patient who is a resident of a hospital from the pharmacy, drug room or emergency reserve stock when drugs not normally carried in nursing station stock are ordered by a duly licensed and duly authorized physician and surgeon or dentist. In such cases a carbon copy of the chart order shall be made and shall be considered the same as a prescription for the patient on whose chart the order is entered by said physician and surgeon or dentist.

(4) A registered nurse may administer drugs to any patient who is a resident of a Class I or Class II Institution which is not a hospital from a prescription, from the charted order of a duly licensed physician and surgeon or dentist, or on the oral orders of a duly licensed physician and surgeon or dentist, who is duly authorized to practice in

said institution, when such practice is permitted by law. At the time of administering said drugs said nurse must enter the said oral order and the facts relative to said administration on the patient's chart and the said order, so entered on the chart, must be initialed or signed by the said physician and surgeon or dentist within twenty-four (24) hours or during his next regular visit to the institution.

2. Class III Institutions

The administrator or other person in charge shall designate the person who shall administer drugs. No drugs shall be administered in Class III Institutions except by a responsible person upon the written orders of a duly qualified and duly authorized physician and surgeon or dentist. Said person shall administer no drugs except those compounded, dispensed or filled in a licensed pharmacy by a licensed pharmacist upon a prescription specifically written for the patient to whom the drugs are being administered.

9.203 - C. Records

1. Drug Administration Records

Records must be kept in all institutions of the administration of drugs. These records need not follow any particular form, but must be sufficient to provide suitable accountability for drugs.

2. Drug Requisition Records

Drugs issued from the pharmacy in a Class I Institution or from the drug room in a Class II Institution for use in a drug facility shall be issued only on a numbered requisition form signed by the registered nurse in charge of the drug facility to which the drug is assigned. Each requisition must show the name of the drug, its strength, the quantity ordered and the location and identity of the drug facilty where it is to be stocked.

Such requisitions shall be filed in such a manner as to provide easy accountability and such requisitions and records shall be maintained for a period of not less than two years and shall be open to inspection by duly authorized inspectors.

3. Prescription Records

The pharmacy in a Class I Institution must, if prescriptions are dispensed therein, maintain a numerical prescription file for all prescriptions so dispensed which shall be separate and apart from requisition files.

9.204 - D. Storage

1. Facilities - All drugs shall be plainly labeled and stored in a well-illuminated authorized drug facility and shall be made accessible to authorized personnel only.

2. Poisons and External Drugs - Poisons shall be stored separate and apart from internal preparations. Drugs or preparations thereof, the use of which is limited to external application, shall be stored separate and apart from internal preparations. Poisons or chemicals which are not for use in the treatment of human illnesses shall not be stored in the same room as drugs except under the supervision of a licensed pharmacist.

3. Prescription Boxes - Individual prescriptions dispensed in boxes shall have the lids of these boxes securely attached on one side of the containers.

4. Refrigeration - Biologicals, and other drugs requiring refrigeration shall be stored in an appropriate refrigerator. Such drugs shall not be stored with foods or pathological tissues.

39.205 - E. Inspections

The chief pharmacist in a Class I Institution or the licensed pharmacist or registered nurse designated to be in charge of the drug room in Class II Institutions, shall inspect all drug facilities at regular intervals. Drugs which have deteriorated or are out-dated or otherwise deemed unfit for use and drugs which have been furnished for an individual patient but which are no longer being used for that purpose shall be regularly and systematically removed from said drug facilities. Care shall be given to compare required types and quantities of drugs against actual types and quantities of drugs in each drug facility. It shall be the responsibility of the person making such inspections to see that each drug facility shall be kept in a current status with particular reference to freshness and required types and quantities of drugs.

39.206 - F. Elimination of Drugs

1. No Drugs May Be Reused - Drugs which have been furnished for an individual patient in a Class I or Class II Institution and which have been in possession or under control of the patient, shall not be returned to the pharmacy or other drug facility and shall not be used for another patient.

Drugs which have been furnished for an individual patient in a Class III Institution shall never be used for another patient.

2. Removal of Drugs - Drugs which are deteriorated, out-dated or otherwise deemed unfit for use shall be regularly and systematically removed from the various drug facilities of each Class I and Class II Institution. Drugs which have been furnished for an individual patient in a Class I or Class II Institution who has left said institution shall be removed from the nursing station stock in not more than one week.

Drugs which have been furnished for an individual patient in a Class III Institution who has left said institution or who is no longer receiving doses of said drug shall be removed from the drug cabinet and disposed of.

39.207 - G. Containers

1. In General - An original container must bear the manufacturer's control number. The contents, or partial contents, of one original container cannot be mixed with the contents, or partial contents, of another original container except in the compounding or dispensing of drugs by a licensed pharmacist.

2. Code Numbers - A prescription or requisition for drugs must be so written that it can be dispensed by any licensed pharmacist.

The use of code numbers in prescription or requisition of drugs is prohibited.

39.208 - H. Labels

1. In General - The label on any drug available for administration to patients in institutions and those under emergency treatment in hospitals shall fully comply with the requirements of Federal and State statutes and Rules and Regulations of the Board of Pharmacy.

Any drug available for administration to patients in institutions and those under emergency treatment in hospitals must be clearly labeled to show the pertinent information when it requires storage under refrigeration or special conditions; has an expiration date, or requires special warnings or information as to methods of administering. The label upon any drug which has been issued from a pharmacy or drug room to any other drug facility in an institution upon requisition must clearly show the number of said requisition.

The label on each prescription container for a patient in an institution shall include the patient's name, the room number or chart number of the patient for whom it was furnished.

2. Poisons and External Drugs - Poisons, chemicals or drugs, or preparations thereof, the use of which is limited to external application, shall be labeled "FOR EXTERNAL USE ONLY," by red letters on white, or white letters on red.

39.209 - I. Chart Orders

1. In General - The name, strength and quantity of drugs ordered to be administered to any patient in any hospital shall be recorded on the patient's hospital record or chart and the duly licensed physician and surgeon or dentist who is treating said patient shall have the responsibility of recording such information or indicating by his signature or initials that it has been properly done.

2. Formulary - If a formulary is officially and legally adopted by the Medical Staff of any hospital, the charted order or prescription must include either the generic name or trade name of the particular drug to be used.